

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Travelers Indemnity Co. of America

**MFDR Tracking Number**

M4-19-0467

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

September 27, 2018

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 6, 2018	Meloxicam 7.5 mg Tablets	\$247.62	\$247.62

### Requestor's Position

The above claimant received Medicaiton as prescribed by referral provider. Bill for date of service ... still has not been processed by carrier ... Memorial Compounding Pharmacy has not received any correspondence with explanation of review or benefits.

**Amount in Dispute:** \$247.62

### Respondent's Position

The Carrier contends that ... the prescription had already previously been filled, and therefore the filling of the prescription is duplicative. The Claimant filled the prescription for Meloxicam on 04-12-2018 at another pharmacy.

**Response Submitted by:** Travelers

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 18 – Duplicate Claim/Service

### Issues

1. Was Travelers Indemnity Co. of America's denial of payment based on duplicate claim or service supported?
2. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

### Findings

1. Memorial is seeking reimbursement for Meloxicam 7.5 mg tablets dispensed on April 6, 2018. Travelers Indemnity Co. of America denied payment based on duplicate claim/service.

In its position statement, the insurance carrier provided a document indicating that the drugs in question were dispensed by another pharmacy on or about April 12, 2018. This date is after the date of dispense by Memorial.

DWC concludes that the drug dispensed by Memorial on date of service April 6, 2018 was not a duplicate service. The denial of payment for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment for the drug in question, DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c).

- Meloxicam 7.5 mg tablets:  $(4.845 \times 60 \times 1.25) + \$4.00 = \$367.37$

The total allowable reimbursement is \$367.37. Memorial is seeking \$247.62. This amount is recommended.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$247.62 is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Travelers Indemnity Co. of America must remit to Memorial Compounding Rx \$247.62 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
August 12, 2022

Date

## **Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).