TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Memorial Compounding Pharmacy

Respondent Name
Travelers Indemnity Company

MFDR Tracking Number
M4-19-1561-01

Carrier's Austin Representative
Box Number 5

MFDR Date Received
November 16, 2018

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "A call was placed to carrier to confirm patient demographics as well as compensability. We were not notified of any disputes or PLN11 filed. The Carrier is required to notify all providers of any issues with the claimant's compensability."

Amount in Dispute: $155.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier has reviewed the claim and determined the Provider is entitled to reimbursement. The Carrier is issuing reimbursement for the disputed services in accordance with the Division-adopted fee schedule."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 16, 2018	Cyclobenzaprine HCl 10 mg Tablets	$155.78	$126.85

FINDINGS AND DECISION

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

Background

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

Issues

Is Memorial Compounding Pharmacy (Memorial) entitled for reimbursement of the drug in question?

Findings

Memorial is seeking reimbursement for Cyclobenzaprine 10 mg Tablets dispensed on May 16, 2018. In its position statement, Travelers did not maintain its denial of payment for the drug in question. The insurance carrier did not present evidence that reimbursement was provided to Memorial.

Therefore, the DWC finds that Memorial is entitled to reimbursement for the drug in question. The reimbursement for the drugs considered in this dispute is calculated as follows[1]:

- Cyclobenzaprine 10 mg Tablets: (1.092 x 90 x 1.25) + $4.00 = $126.85

The total reimbursement is therefore $126.85. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $126.85.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $126.85, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

	Laurie Garnes	January 25, 2019
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

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

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

[1] 28 Texas Administrative Code §134.503(c)