

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-20-0845

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 5, 2019

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 21, 2019	Tramadol HCl 50 mg Tablets	\$117.22	\$78.64
	Tizanidine HCl 4 mg Tablets	\$189.35	\$168.81
	Total	\$306.57	\$247.45

Requestor's Position

The original bill was submitted to carrier on **08/23/2019** ... The carrier denied the reconsideration based on **TIMELY FILING**.

Amount in Dispute: \$306.57

Respondent's Position

Texas Mutual audit staff reviewed the bill received from MEMORIAL COMPOUNDING PHARMACY and determined the patient had the same prescription filled at another pharmacy 2 days prior (8/19/19) for a 30 day supply. Audit staff determined the bill received from MEMORIAL COMPOUNDING PHARMACY was early refill as the date filled was 2 days later (8/21/19). The bill was denied appropriately. 30 days from date filled 8/19/19 is on or around 9/11/19.

Response Submitted by: Texas Mutual Insurance Company

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.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

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

- CAC-154 – Payer deems the information submitted does not support this day's supply.
- 856 – Early refill: Documentation has not been submitted to substantiate dispensing this medication prior to previous Rx being exhausted.

Issues

1. Is Texas Mutual Insurance Company's denial based on early dispense supported?
2. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drugs in question?

Findings

1. Memorial is seeking reimbursement for Tramadol and Tizanidine dispensed on August 21, 2019. The insurance carrier denied payment stating that it was an early refill, arguing that "Audit staff determined the bill received from MEMORIAL COMPOUNDING PHARMACY was early refill as the date filled was 2 days later (8/21/19)."

No evidence was presented to DWC to support that a dispense of the drugs in question occurred before the date of service in this dispute in accordance with 28 TAC §133.307(d)(2). Therefore, Texas Mutual Insurance Company's denial is not supported.

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

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

- Tramadol HCl 50 mg Tablets: $(0.79615 \times 75 \times 1.25) + \$4.00 = \$78.64$
- Tizanidine HCl 4 mg Tablets: $(1.46500 \times 90 \times 1.25) + \$4.00 = \$168.81$

The total allowable reimbursement is \$247.45. 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 \$247.45 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 Texas Mutual Insurance Company must remit to Memorial Compounding Rx \$247.45 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

August 8, 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. 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.

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.