



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 RX

Respondent Name

ZURICH AMERICAN INSURANCE CO

MFDR Tracking Number

M4-20-0913-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 13, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim should be processed with the full amount billed as per Administrative Labor Code 134.503 (c)."

Amount in Dispute: \$266.43

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... we have escalated the bills in question for bill review and payment."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 19, 2019	Gabapentin 300 mg Capsules	\$177.26	\$153.70
September 19, 2019	Amitriptyline HCl 50 mg Tablets	\$89.17	\$43.59
	Total	\$266.43	\$197.29

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 §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.
4. The documentation submitted to the DWC did not include explanations of benefits for the drugs in question.

Issues

1. Did Zurich American Insurance Company (Zurich) take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
2. Is Memorial Compounding Pharmacy (Memorial) entitled to reimbursement of the examination in question?

Findings

1. Memorial is seeking reimbursement for drugs dispensed on September 19, 2019. Memorial argued that it had not received payment for bills submitted for the drugs in question. Evidence supports that Memorial submitted a bill for the examination to the insurance carrier or its agent on or about November 18, 2019.

The insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.¹

The greater weight of evidence presented to the DWC supports that a complete bill for the drugs in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the drugs in question.

2. Because Zurich gave no denial reason for the drugs in this dispute, the DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated as follows²:

- Gabapentin 300 mg tablets: $(1.3307 \times 90 \times 1.25) + \$4.00 = \$153.70$
- Amitriptyline 50 mg tablets: $(1.0556 \times 30 \times 1.25) + \$4.00 = \$43.59$

The total allowable reimbursement is \$197.29. This amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$197.29.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$197.29, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

December 31, 2019
Date

¹ 28 TAC §133.240 (a)

² 28 Texas Administrative Code §134.503(c)

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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.