



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

XL Insurance America, Inc.

MFDR Tracking Number

M4-20-1659-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 5, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has received the attached bill and has not processed according to Texas Labor Code 408.027."

Amount in Dispute: \$277.34

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It is the carrier's position that MFDR is not the correct venue for this dispute as the bill has been denied for extent of injury."

Response Submitted by: Broadspire

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 15, 2019	Oxaprozin 600 mg Tablets	\$277.34	\$277.34

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.
2. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.
3. The insurance carrier denied payment for the disputed drug based on the extent of the compensable injury.

Issues

1. Did XL Insurance America, Inc. 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 Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Memorial is seeking reimbursement for Oxaprozin 600 mg Tablets dispensed on November 15, 2019.

Memorial argued that it had not received payment or an explanation of denial for medical bills submitted for the drug in question., Broadspire, on behalf of XL Insurance America, Inc., payment for the drug was denied based on extent of the compensable injury.

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 response from the insurance carrier is required to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with the DWC. Any new denial reasons or defenses raised shall not be considered in this review.²

The greater weight of evidence presented to the DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent.

Broadspire submitted an explanation of benefits dated March 30, 2020, with its position statement, indicating a denial of payment based on extent of injury. This date is after Memorial submitted the dispute to DWC's Medical Fee Dispute department.

No evidence was provided to support that the insurance carrier took final action to present any denial reason for the bill in question before this request for MFDR was filed.

2. Because XL Insurance America, Inc. failed to provide payment or any denial reason for the drug in this dispute, the DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated as follows³:

- Oxaprozin 600 mg Tablets: $(3.664 \times 60 \times 1.25) + \$4.00 = \$\278.80

The total allowable reimbursement is \$278.80. Memorial is seeking \$277.34. 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 \$277.34.

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 \$277.34, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ 28 TAC §133.240 (a)

² 28 TAC §133.307 (d)(2)(F)

³ 28 TAC §134.503 (c)

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

April 1, 2020

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 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.