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

Requester Name
MEMORIAL COMPOUNDING RX

Respondent Name
ACCIDENT FUND GENERAL INSURANCE

MFDR Tracking Number
M4-20-2311-01

Carrier's Austin Representative
Box Number 06

MFDR Date Received
May 18, 2020

REQUESTER'S POSITION SUMMARY

"The carrier has received the attached bill and has not processed according to Texas Labor Code 408.027."

Amount in Dispute: $202.09

RESPONDENT'S POSITION SUMMARY

"While Accident Fund feels its denial of payment was proper, in an effort to resolve this case and forego the additional time and expense associated with the continued litigation of this claim, Accident Fund has agreed to pay the disputed date of services."

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 26, 2020	Gabapentin 400 mg Capsule	$202.09	$184.73

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 submitted documentation did not include explanations of benefits.

Issues

Is Memorial Compounding Rx (Memorial) entitled to reimbursement for Gabapentin 400 mg capsules?

Findings

Memorial is seeking reimbursement for Gabapentin 400 mg capsules dispensed on February 26, 2020.

In its position statement, the insurance carrier stated it "has agreed to pay the dispute date of service." Documents submitted by the insurance carrier on June 8, 2020, indicated that "Paid Date information will be populated once the Rx is remitted to the pharmacy." No subsequent information was received to provide a date or amount of payment.

Memorial indicated that payment had not been received. Therefore, the DWC finds that Memorial is entitled to reimbursement for the drug in question.

The reimbursement considered in this dispute is calculated as follows[1]:

- Gabapentin 400 mg tablets: (1.6065 x 90 x 1.25) + $4.00 = $184.73

The total allowable reimbursement is $184.73. This amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requester has established that additional reimbursement is due. As a result, the amount ordered is $184.73.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requester is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requester $184.73, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

		September 18, 2020
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 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.

[1] 28 TAC §134.503 (c)