

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Merged Royal Insurance Co. of America Into Arrowpoint Capital

MFDR Tracking Number

M4-22-0205

Carrier's Austin Representative

Box Number 10

DWC Date Received

October 1, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 29, 2021	Cyclobenzaprine 10 mg Tablets	\$90.25	\$44.93

Requestor's Position

"After reviewing the explanation of benefits it indicates that carrier paid \$93.44 and not the full amount of \$219.30. This claim should be processed with the full amount billed as per Administrative Code 134.503 (c)."

Amount in Dispute: \$90.25

Respondent's Position

"Please find enclosed the medical records from Dr. Kenneth G. Berliner for date of service 6-29-2021 that does not list Cyclobenzaprine 10 mg as a prescribed medication in relation to the work comp claim 9-11-2002."

Response Submitted by: Arrowpoint Capital

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 §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the non-payment of payment for the disputed services.

Issues

1. Did the insurance carrier take final action on the bill for the disputed drug before medical fee dispute resolution was requested?
2. Did the insurance carrier raise a new defense in its response?
3. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Memorial is seeking reimbursement for Cyclobenzaprine 10 mg tablets dispensed on June 29, 2021.

Per 28 TAC §133.240 (a), 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.

The greater weight of evidence presented to DWC supports that a complete bill for the drug 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 drug in question.

2. In its position statement, Arrowpoint Capital, argued that the medical records did not "not list Cyclobenzaprine 10 mg as a prescribed medication in relation to the work comp claim 9-11-2002."

The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFD) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on relatedness was provided to Memorial before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

3. Because the insurance carrier failed to support any denial reason for the drug in this dispute, DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated as follows :

- Cyclobenzaprine 10 mg tablets: $(1.0915 \times 30 \times 1.25) + \$4.00 = \$44.93$

The total allowable reimbursement is \$44.93. 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 \$44.93 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 Merged Royal Insurance Co. of America Into Arrowpoint Capital must remit to Memorial \$44.93 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 17, 2021

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.