

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Technology Insurance Company, Inc.

MFDR Tracking Number

M4-22-0525-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

November 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 28, 2021	Diclofenac Sodium 1% Gel NDC 21922000909	\$174.20	\$149.88
July 28, 2021	Arthritis Pain 650 mg NDC 51660033301	\$63.54	\$11.55
Total		\$237.74	\$161.43

Requestor's Position

After reviewing the explanation of benefits it indicates that alternate vendor, TMESYS paid \$108.18 and not the full amount of \$432.88. This claim should be processed with the full amount billed as per Administrative Labor Code 134.503 (c) ...

Amount in Dispute: \$237.74

Respondent's Position

The Austin carrier representative for Technology Insurance Company, Inc. is Downs Stanford, PC. The representative was notified of this medical fee dispute on November 16, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 denial of payment for the drugs in question.

Issues

1. Did Technology Insurance Company, Inc. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement for Diclofenac Sodium 1% Gel and Arthritis Pain Relief 650 mg tablets.

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 services 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 service in question.

2. Because Technology Insurance Company, Inc. failed to support its denial reason for the service in this dispute, DWC finds that Memorial is entitled to reimbursement.

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

- Diclofenac Sodium 1% gel: $(0.5835 \times 200 \times 1.25) + \$4.00 = \$149.88$
- Arthritis Pain Relief (Acetaminophen ER) 650 mg tablets: $(0.0671 \times 90 \times 1.25) + \$4.00 = \$11.55$

The total allowable reimbursement is \$161.43. 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 \$161.43 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 Technology Insurance Company, Inc. must remit to Memorial Compounding Rx \$161.43 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		March 2, 2022
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 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.