

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Harris Health System

MFDR Tracking Number

M4-22-0709-01

Carrier's Austin Representative

Box Number 21

DWC Date Received

December 14, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 28, 2021	Methocarbamol 750 mg Tablets (NDC: 31722053405)	\$78.19	\$29.86

Requestor's Position

This claim has been denied incorrectly.

Amount in Dispute: \$78.19

Respondent's Position

The medication at issue, Methocarbamol, was denied for medical necessity and the provider requested medical fee dispute resolution, this is an improper venue in which to adjudicate a retrospective review denial ... While there may be additional defenses to be raised regarding a fee dispute for reimbursement, the sole issue in this denial is medical necessity.

Response Submitted by: Thornton, Biechlin, Reynolds & Guerra

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- D3(P12) – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug.
- HE19 – Missing/Invalid Days Supply on Bill

Issues

1. Did the insurance carrier raise a new defense in its response?
2. Is Harris Health System's denial based on billing issues supported?
3. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement for Methocarbamol 750 mg tablets dispensed on September 28, 2021. In its position statement, Thornton, Biechlin, Reynolds & Guerra, on behalf of the insurance carrier, argued that "the sole issue in this denial is medical necessity."

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 (MFDR) 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 medical necessity was provided to Memorial before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

2. Harris Health System denied the disputed drug based on "missing/invalid days supply on bill." No evidence was provided to support this denial reason.
3. Because Harris Health System failed to support its denial reason for the service in this

dispute, DWC finds that Memorial is entitled to reimbursement.

Per 28 TAC §134.503 (c) the reimbursement considered in this dispute is calculated as follows:

- Methocarbamol 750 mg tablets: $(0.6897 \times 30 \times 1.25) + \$4.00 = \$29.86$

The total allowable reimbursement is \$29.86. 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 \$29.86 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 Harris Health System must remit to Memorial Compounding Rx \$29.86 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

January 31, 2022

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.