

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Hartford Casualty Insurance Company

MFDR Tracking Number

M4-22-0713-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

December 14, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 26, 2021	Cyclobenzaprine 5 mg Tablets	\$106.72	\$65.52

Requestor's Position

The original claim was paid on 10/14/2021 ... Then on 10/20/2021, ... the explanation of benefits states that the payment has now been reversed.

Amount in Dispute: \$106.72

Respondent's Position

The Austin carrier representative for Hartford Casualty Insurance Company is Burns, Anderson, Jury, Brenner. The representative was notified of this medical fee dispute on December 21, 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.
4. 28 TAC §134.530 and §134.540 set out the procedures for preauthorization of pharmaceutical services.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment
- D3 – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug.
- Note: "NON-CERTIFIED BY PHYSICIAN ADVISOR"

Issues

1. Is Hartford Casualty Insurance Company's denial based on medical necessity supported?
2. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement for Cyclobenzaprine 5 mg tablets dispensed on August 26, 2021. Hartford Casualty Insurance Company denied payment stating that it was "NON-CERTIFIED BY PHYSICIAN ADVISOR." The insurance carrier did not submit any documentation to support that it received a medical necessity review that was denied for this medication.

DWC finds that this denial reason is not supported.

2. Explanation of benefits dated November 3, 2021, indicates that the review agent recommended payment of \$65.52 for the drug in question and then reversed that payment in the same document.

Based on the documentation provided, the DWC finds that there is insufficient evidence that the

insurance carrier reimbursed the drug in question.

Because the insurance carrier failed to sufficiently support a denial of reimbursement or that the bill was paid, Memorial is entitled to reimbursement.

The reimbursement for the drug considered in this dispute is calculated as follows :

- Cyclobenzaprine 5 mg tablets: $(1.6405 \times 30 \times 1.25) + \$4.00 = \$65.52$

The total allowable reimbursement is \$65.52. 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 \$65.52 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 Hartford Casualty Insurance Company must remit to Memorial Compounding Rx \$65.52 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

March 17, 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.