

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Technology Insurance Company

MFDR Tracking Number

M4-22-1111-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

February 9, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 22, 2021	Cyclobenzaprine 10 mg tablets	\$90.25	\$44.93

Requestor's Position

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

Amount in Dispute: \$90.25

Respondent's Position

The medication was denied for lack of prior authorization which is different than preauthorization. The medication had previously been filled on 9/23/2021. The medication was refilled too early, which means prior authorization was required.

Response Submitted by: Downs-Stanford, PC

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 medical bills.
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 dated prior to the request for medical fee dispute resolution with reasons for the denial of payment for the disputed services.

Issues

1. Did Technology Insurance Company 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 Cyclobenzaprine tablets dispensed on October 22, 2021.

Memorial argued that it had not received payment or an explanation of denial for medical bills submitted for the examination in question.

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. The insurance carrier's response is required by 28 TAC §133.307(d)(2)(f) to address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the DWC. Any new denial reasons or defenses raised **shall not** be considered in the review.

Because Technology Insurance Company failed to raise any denial or defense of non-payment before the request for medical fee dispute resolution 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).

- 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 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 Technology Insurance Company must remit to Memorial Compounding Rx \$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

April 14, 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.