

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

SAFETY NATIONAL CASUALTY CORP

MFDR Tracking Number

M4-22-1196-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 18, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 09, 2021	Ibuprofen 800 MG Tablet	\$81.65	\$0.00

Requestor's Position

"The above patient was prescribed medication and the bill was received and processed by an alternate vendor. The alternate vendor originally paid the bill regarding the line item(s) NDC#67877-0321-05. Memorial Wellness Pharmacy later received an Explanation of Benefits from the alternate vendor reversing this payment. However, on the explanation of benefits there was no reason for reduction or denial"

Amount in Dispute: \$81.65

Respondent's Position

No insurance carrier response.

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 reimbursement for compound medications.

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 is greater than the maximum reimbursement for a generic drug
- HE75 – Prior authorization required to process this bill

Issues

1. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

Findings

The DWC makes the following conclusions based upon the information and documentation presented to the DWC to date. Even though all the evidence was not discussed, it was considered.

1. *Did the carrier reimburse Memorial for the disputed services?*

Memorial Compounding RX (Memorial) asserts that the carrier has not paid for the services in dispute. Review of the explanations of benefits provided finds the the carrier issued a payment in the amount of \$34.19 plus interest to Memorial on December 23, 2021.

The DWC concludes that Memorial has received payment for the service in dispute.

2. *Is additional reimbursement due?*

The carrier reduced the billed amount to a total of \$34.19. Rule 28 Texas Administrative Code §134.503(c) applies and states, "The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of: (1) the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed" and (2) notwithstanding §133.20(e)(1) of this title (relating to Medical Bill Submission by Health Care Provider), the amount billed to the insurance carrier."

Memorial is requesting reimbursement in the amount of \$81.65 for the disputed service. Memorial has the burden to support its request for this amount. In its original position

statement, Memorial di not demonstrate how it arrived at the requested amount of whether that amount is consistent with the methododlogy under §134.503(c). After review of the explanation of benefits provided indicates the insurance carrier made a payment. Memorial did not take the opportunity to refute that carrier’s payment calculation. For that reason, the DWC moves to resolve this dispute with the information available and concludes that no additional reimbursement can be 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature



Signature



Medical Fee Dispute Resolution
Officer

May 26, 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.