

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Harris Health System

**MFDR Tracking Number**

M4-22-1252-01

**Carrier's Austin Representative**

Box Number 21

**DWC Date Received**

February 23, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 21, 2021	Methocarbamol 750 mg tablets	\$78.19	\$29.86

### Requestor's Position

After reviewing the explanation of benefits it indicates that alternate vendor, TMESYS paid **\$342.64** and not the full amount of **\$463.45**.

**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.

**Response Submitted by:** Thornton, Biechlin, Reynolds and Guerra, L.C.

## 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 Texas Administrative Code §133.305 sets out the procedures for resolving medical disputes.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.
5. Texas Insurance Code §1305.101 gives guidelines for providing medical care.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

### Issues

1. Is this dispute subject to dismissal based on medical necessity?
2. Is this dispute subject to network reduction?
3. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

### Findings

1. Memorial is seeking reimbursement for Methocarbamol 750 mg tablets dispensed on December 21, 2021. Thornton, Biechlin, Reynolds and Guerra, L.C. argued on behalf of Harris Health System that payment was denied for medical necessity.

Medical necessity disputes must be resolved prior to submission of a medical fee dispute as directed in 28 TAC §133.305(b). The insurance carrier is required by 28 TAC §133.240(q) to perform a utilization review before a denial based on medical necessity, including giving the health care provider – in this case, Memorial – an opportunity to discuss the treatment in question.

According to 28 TAC §133.307(d)(2)(I), the respondent to the the medical fee dispute is required to submit documentation to support a denial based on lack of medical necessity. Harris Health System provided no evidence to support that it performed a utilization review on

the drug in question to determine medical necessity. The respondent also failed to provide documentation to support its claim that the denial received by Memorial was based on medical necessity.

DWC concludes that this dispute is not subject to dismissal based on medical necessity.

2. Memorial argued that "It looks like the alternate vendor, **TMESYS** who is under the umbrella of **OPTUM RX**, processed and paid the bill **INCORRECTLY**. Memorial Wellness Pharmacy does not have a contract with **OPTUM RX** or the alternate vendors under its umbrella, in this case **TMESYS**."

Per Texas Insurance Code §1305.101(c), prescription medication or services may not be directly or through a contract, be delivered through a workers' compensation health care network. Therefore, Memorial Compounding Rx is not subject to the provisions of a network reduction.

3. Because the insurance failed to support a denial of payment for the drug in question, Memorial is entitled to reimbursement.

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

- 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

\_\_\_\_\_  
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).