

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-22-1840-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

April 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 19, 2022	Oxaprozin 600 mg Tablets	\$277.34	\$277.34
	Cyclobenzaprine 10 mg Tablets	\$90.25	\$44.93
	Total	\$367.59	\$322.27

Requestor's Position

After reviewing the explanation of benefits, it indicates that carrier paid \$0.00 and not the full amount of \$367.59.

Amount in Dispute: \$367.59

Respondent's Position

The Austin carrier representative for Hartford Casualty Insurance Co. is Burns Anderson Jury Brenner. The representative was notified of this medical fee dispute on May 3, 2022.

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.

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.

Issues

1. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drugs in question?

Findings

1. Memorial is seeking reimbursement for drugs dispensed on January 19, 2022. DWC reviewed the submitted documents to resolve this dispute.

Memorial submitted dispute records which included an explanation of benefits dated March 24, 2022. This document indicates that the review agent recommended payment of \$322.28 and then reversed that payment in the same document, basing its decision on fee guidelines.

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

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

- Oxaprozin 600 mg tablets: $(3.664 \times 60 \times 1.25) + \$4.00 = \$278.80$
Memorial is seeking \$277.34 for this drug. This amount is recommended.
- Cyclobenzaprine 10 mg tablets: $(1.0915 \times 30 \times 1.25) + \$4.00 = \$44.93$

The total allowable reimbursement is \$322.27. 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 \$322.27 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 Co. must remit to Memorial Compounding Rx \$322.27 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

September 9, 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.