

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Manufacturers Alliance Insurance Co.

MFDR Tracking Number

M4-22-2199-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 8, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 25, 2022	Baclofen 10 mg Tablets	\$125.37	\$88.84
	Acetaminophen/Codeine #3 Tablets	\$86.50	\$40.25
	Total	\$211.87	\$129.09

Requestor's Position

These medications do not require preauthorization therefore do not need a retrospective review.

Amount in Dispute: \$211.87

Respondent's Position

This bill has been re-reviewed and will be paid per fee guideline.

Response Submitted by: Flahive, Ogden & Latson

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 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:

- 75 – Prior Authorization Required

Issues

1. Did Manufacturers Alliance Insurance Co. maintain its denial of payment?
2. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement for the services in question?

Findings

1. Memorial is seeking reimbursement for Baclofen and Acetaminophen/Codeine dispensed on March 25, 2022. The insurance carrier initially denied payment for these drugs, stating that prior authorization was required.

In its response to this dispute, Flahive, Ogden & Latson stated on behalf of the insurance carrier that "This bill has been re-reviewed and will be paid per fee guideline." DWC concludes that Manufacturers Alliance Insurance Co. did not maintain its denial of payment for the drugs in question

2. Because Manufacturers Alliance Insurance Co. did not maintain its denial of payment, Memorial is entitled to reimbursement. No evidence of payment was submitted, therefore DWC will review the drugs for payment.

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

- Baclofen 10 mg tablets: $(2.26233 \times 300 \times 1.25) + \$4.00 = \$88.84$
- Acetaminophen/Codeine #3 tablets: $(0.48331 \times 60 \times 1.25) + \$4.00 = \$40.25$

The total allowable reimbursement is \$129.09. 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 \$129.09 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 Manufacturers Alliance Insurance Co. must remit to Memorial Compounding Rx \$129.09 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 23, 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.