

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Bridgefield Casualty Insurance Co.

MFDR Tracking Number

M4-22-2497-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 27, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2022	Naproxen 500 mg Tablets	\$125.92	\$89.53

Requestor's Position

A call was placed to the carrier to confirm patient demographics as well as compensability. We were not notified of any disputes or PLN11 filed.

Amount in Dispute: \$125.92

Respondent's Position

The medical bill in dispute has been paid. Check number 302215 was issued on 6/17/2022.

Response Submitted by: Downs-Stanford, P.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 §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 88 - DUR

Issues

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

Findings

1. Memorial is seeking reimbursement for Naproxen 500 mg tablets dispensed on May 25, 2022. According to its position statement, Bridgefield Casualty Insurance did not maintain its denial of payment for the drug in question.

While the position statement indicated that the bill in this review was paid, no documentation was presented to DWC to support that payment for the drug in question was made to Memorial. Therefore, DWC finds that Memorial is entitled to reimbursement.

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

- Naproxen 500 mg tablets: $(1.14034 \times 60 \times 1.25) + \$4.00 = \$89.53$

The total allowable reimbursement is \$89.53. 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 \$89.53 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 Bridgefield Casualty Insurance must remit to Memorial Compounding Rx \$89.53 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

January 9, 2023

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.