

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

AIU INSURANCE CO

MFDR Tracking Number

M4-22-2736-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2022	Methocarbamol 500 mg and Gabapentin 300 mg	\$209.28	\$0.00
Total		\$209.28	\$0.00

Requestor's Position

Bill for date of service 05/25/2022 was processed and paid incorrectly. It looks like the carrier processed and paid only half of the total bill ... After reviewing the explanation of benefits, it indicates that carrier paid \$20.91 and not the full amount of \$280.3.

Amount in Dispute: \$209.28

Respondent's Position

No insurance carrier response received.

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 Texas Administrative Code §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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Did the insurance carrier respond to the DWC 60 request?
2. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

Findings

1. The Austin carrier representative for AIU Insurance Co is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on August 30, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. Memorial is seeking reimbursement for Methocarbamol 500 mg and Gabapentin 300 mg dispensed on May 25, 2022.

Review of submitted explanation of benefits support payment was issued in the amount of \$125.85 for the disputed medication mentioned above.

MEMORIAL COMPOUNDING RX is requesting reimbursement in the amount of \$209.28 for the disputed drug. MEMORIAL COMPOUNDING RX has the burden to support its request for this amount. In its original position statement, Memorial did not demonstrate how it arrived at the requested amount or whether that amount is consistent with the methodology under 28 TAC §134.503(c).

Memorial did not take the opportunity to refute the carrier's payment calculation. The DWC finds 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

October 27, 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.