

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Accident Fund General Insurance Co.

MFDR Tracking Number

M4-23-0130-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

September 16, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 23, 2022	Venlafaxine 25 mg Tablets	\$115.79	\$76.86

Requestor's Position

The original claim was denied on 07/13/2022 based on (**PREAUTHORIZATION**). (**benefits was not accompanied with a PLN11 of the denial and date filed. There is no PLN11 attached that was processed prior to services being rendered**). An appeal was submitted on 07/30/2022 ... In addition, the explanation of benefits states that (**EXTENT OF INJURY**), is the new denial reason.

Amount in Dispute: \$115.79

Respondent's Position

After considering the Provider's submission, Accident Fund has elected to pay the disputed amount for Provider's services.

Response Submitted by: Stone Loughlin Swanson

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
- 71 – Prescriber is not covered
- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier

Issues

1. Did Accident Fund General Insurance Co. maintain its denial of payment for the drug in question?
2. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Memorial is seeking reimbursement for dispense of Venlafaxine 25 mg tablets on June 23, 2022. According to the position statement submitted by Stone Loughlin Swanson on behalf of the insurance carrier, the denial of payment for this drug was not maintained.
2. Because the insurance carrier did not maintain its denial of payment for the drug in question, Memorial is entitled to reimbursement. Per communication with both parties after receipt of the insurance carrier's position statement, no payment was received by Memorial.

The insurance carrier provided no evidence that payment was made. Therefore, reimbursement is calculated according to 28 TAC §134.503 (c).

- Venlafaxine 25 mg tablets: $(1.9429 \times 30 \times 1.25) + \$4.00 = \$76.86$

The total allowable reimbursement is \$76.86. 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 \$76.86 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Accident Fund General Insurance Co. must remit to Memorial Compounding Rx \$76.86 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	March 23, 2023
Signature	Medical Fee Dispute Resolution Officer	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.