

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Technology Insurance Company, Inc.

**MFDR Tracking Number**

M4-23-0523-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

October 27, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 29, 2022	Cyclobenzaprine 5 mg Tablets	\$106.72	\$65.52

### Requestor's Position

After reviewing the explanation of benefits, it indicates that carrier paid \$122.95 and not the full amount of \$(474.69).

**Amount in Dispute:** \$106.72

### Respondent's Position

The Austin carrier representative for Technology Insurance Company, Inc. is Downs Stanford, PC. The representative was notified of this medical fee dispute on November 1, 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 §133.307 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:

- D3(P12) – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug.
- HEA1 – Claim/Service denied.

## Issues

1. Is Technology Insurance Company, Inc.'s denial based on compensability supported?
2. Is Memorial Compounding Rx entitled to additional reimbursement?

## Findings

1. The insurance carrier denied payment based on compensability of the injury. 28 TAC §§133.305 (b) and 133.307 (c)(1)(B)(i) state that a dispute regarding compensability must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307 (d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability.

DWC finds no evidence that the claim in question has been denied. Review of the submitted documentation finds that Technology Insurance Company, Inc. failed to provide any documentation to support a denial based on compensability of the injury.

This dispute is not subject to dismissal as the denial reason was not supported.

2. Because Technology Insurance Company, Inc. failed to support its denial reason for the service in this dispute, DWC finds that Memorial is entitled to reimbursement.

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

- Cyclobenzaprine 5 mg tablets:  $(1.6405 \times 30 \times 1.25) + \$4.00 = \$65.52$

The total allowable reimbursement is \$65.52. 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 \$65.52 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 Technology Insurance Company, Inc. must remit to Memorial Compounding Rx \$65.52 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

February 10, 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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).