

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Indemnity Insurance Co. of North America

**MFDR Tracking Number**

M4-23-0575-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

November 3, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 4, 2022	Gabapentin 400 mg Capsules	\$97.40	\$53.88
	Naproxen 500 mg Tablet	\$125.92	\$89.53
	Acetaminophen/Codeine #4 Tablets	\$90.06	\$44.71
	8 Hr Muscle Ache-Pain ER 650 mg	\$71.78	\$15.01
	<b>Total</b>	<b>\$385.16</b>	<b>\$203.13</b>

### Requestor's Position

I have attached proof of submission for both correspondences. The carrier has received the attached bill and has not processed according to Texas Labor Code 408.027.

**Amount in Dispute:** \$385.16

### Respondent's Position

Attached is a copy of the CCH Decision and Order that supports our position that the bill was properly denied as unrelated to the compensable injury.

**Response Submitted by:** ESIS

## 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 §133.240 sets out the procedures for payment or denial of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

### Issues

1. Did Indemnity Insurance Co. of North America take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Did the insurance carrier raise a new defense in its response?
3. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

### Findings

1. Memorial is seeking reimbursement for drugs dispensed on August 4, 2022. Memorial argued that it had not received payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240 (a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. In its position statement, ESIS, on behalf of Indemnity Insurance Co. of North America argued that "the bill was properly denied as unrelated to the compensable injury."

The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address

only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on relatedness was provided to Memorial before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

3. Because the insurance carrier failed to support its denial of payment 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).

- Gabapentin 400 mg tablets:  $(1.33 \times 30 \times 1.25) + \$4.00 = \$53.88$
- Naproxn 500 mg tablets:  $(1.0556 \times 60 \times 1.25) + \$4.00 = \$89.53$
- Acetaminophen/Codeine 300-60 tablets:  $(1.0855 \times 30 \times 1.25) + \$4.00 = \$44.71$
- 8 Hr Muscle Aches and Pain ER 650 mg tablets:  $(0.0979 \times 90 \times 1.25) + \$4.00 = \$15.01$

The total allowable reimbursement is \$203.13. 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 \$203.13 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 Indemnity Insurance Co. of North America must remit to Memorial Compounding Rx \$203.13 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 13, 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).