

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Allmerica Financial Benefit Insurance Co.

MFDR Tracking Number

M4-23-1103-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

January 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2022	Duloxetine HCl DR 20 mg Capsules NDC 31722058160	\$267.20	\$266.13

Requestor's Position

After reviewing the explanation of benefits, it appears that carrier paid **\$18.93** and not the full amount of **\$336.64**.

Amount in Dispute: \$267.20

Respondent's Position

The Austin carrier representative for Allmerica Financial Benefit Insurance Co. is JT Parker & Assoc. The representative was notified of this medical fee dispute on January 18, 2023.

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:

- 60(B13) – The provider has billed for the exact services on a previous bill.

Issues

1. Is Allmerica Financial Benefit Insurance Co.'s denial of payment supported?
2. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

Findings

1. Memorial is seeking reimbursement for Duloxetine HCl DR 20 mg capsules dispensed on October 25, 2022. Allmerica Financial Benefit Insurance Co. denied payment stating, "The provider has billed for the exact services on a previous bill."

No evidence was received to support that the insurance carrier had addressed the drug in a previous explanation of benefits for payment or denial. The denial of payment is, therefore, not supported.

2. Because Allmerica Financial Benefit Insurance Co. failed to support its denial of payment for the drug in question, Memorial is entitled to reimbursement.

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

- Duloxetine HCl DR 20 mg capsules: $(6.99 \times 30 \times 1.25) + \$4.00 = \$266.13$

The total allowable reimbursement for the disputed service is \$266.13. 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 \$266.13 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 AllAmerica Financial Benefit Insurance Co. must remit to Memorial Compounding Rx \$266.13 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	March 24, 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.