

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Allmerica Financial Benefit Insurance Co.

**MFDR Tracking Number**

M4-23-1301-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

February 3, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 25, 2022	Tramadol HCl 50 mg Tablets	\$69.44	\$18.93

### Requestor's Position

The original claim was paid on 12/29/2022 on document control number 0002539844. However, on 01/19/2023, document control number 0002544416 on the explanation of benefits states that the payment has now been reversed.

**Amount in Dispute:** \$69.44

### Respondent's Position

The reason stated for the dispute is the nonpayment of CPT code 57664-0377-18. After careful review of the submitted documentation from the provider, it was determined that CPT code 57664-0377-18 and not be processed for payment. The Medication is an N Drug and requires pre-authorization, which was never sent to Utilization review even though requested by carrier. The bill was re-reviewed, and it was determined that payment is not recommended for \$69.44 due to no pre-authorization obtained.

**Response Submitted by:** Metadata

## 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.
3. 28 TAC §§134.530 and 134.540 set out the preauthorization requirements for pharmaceutical services.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following:

- Accepted Rx
- Reversed Rx

### Issues

1. Did the insurance carrier raise a new defense in its response?
2. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

### Findings

1. Memorial is seeking reimbursement for Tramadol dispensed on October 25, 2022. In its position statement, Medata, on behalf of the insurance carrier, argued that "The Medication is an N Drug and requires pre-authorization."

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 preauthorization was provided to Memorial before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

2. Because Allmerica Financial Benefit Insurance Co. failed to provide any defense for a reversal on the payment for the drug 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).

- Tramadol HCl 50 mg tablets:  $(0.79615 \times 15 \times 1.25) + \$4.00 = \$18.93$

The total allowable reimbursement is \$18.93. 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 \$18.93 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 Allmerica Financial Benefit Insurance Co. must remit to Memorial Compounding Rx \$18.93 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	_____ March 30, 2023 Date
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### **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).