

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

United Wisconsin Insurance Co.

MFDR Tracking Number

M4-23-1781-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

March 22, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 18, 2023	Duloxetine 30 mg Capsules NDC 27241009809	\$528.59	\$528.59
	Naproxen 500 mg Tablets NDC 50228043605	\$125.92	\$89.53
	Tramadol HCl 50 mg Tablet NDC 57664037718	\$69.44	\$18.93
	Diclofenac Sodium 1 % Gel NDC 21922000909	\$115.85	\$76.94
Total		\$839.80	\$713.99

Requestor's Position

The carrier denied the reconsideration based on **DUPLICATE CLAIM**. It seems the carrier processed the claim but never issued a payment to our facility.

Amount in Dispute: \$839.80

Respondent's Position

The Austin carrier representative for United Wisconsin Insurance Co. is Stone Loughlin & Swanson, LLP. The representative was notified of this medical fee dispute on March 28, 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:

- 148 – This procedure on this date was previously reviewed
- 18 – Exact duplicate claim/service.
- N-1 – Original DCN 334301

Issues

1. Is United Wisconsin Insurance Co.'s denial based on duplicate claim/service supported?
2. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drugs in question?

Findings

1. Memorial is seeking reimbursement for drugs dispensed on January 18, 2023. Per submitted explanation of benefits dated February 19, 2023, the insurance carrier denied payment based on stating that the "procedure on this date was previously reviewed," and that it was a "duplicate claim/service." No evidence was presented to support this denial reason.
2. Because the insurance carrier's denial of payment was not supported, Memorial is entitled to reimbursement.

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

- Duloxetine HCl 30 mg capsules: $(7.85156 \times 60 \times 1.25) + \$4.00 = \$592.87$
Memorial is seeking \$528.59. No additional reimbursement can be recommended.
- Naproxen 500 mg tablets: $(1.14034 \times 60 \times 1.25) + \$4.00 = \$89.53$
- Tramadol HCl 50 mg tablets: $(0.79615 \times 15 \times 1.25) + \$4.00 = \$18.93$
- Diclofenac Sodium 1 % gel: $(0.5835 \times 100 \times 1.25) + \$4.00 = \$76.94$

The total allowable reimbursement is \$713.99. 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 \$713.99 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 United Wisconsin Insurance Co. must remit to Memorial Compounding Rx \$713.99 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	May 26, 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. 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.