



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Accident Fund General Insurance Co.

**MFDR Tracking Number**

M4-23-1785-01

**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
November 30, 2022	Acetaminophen/Codeine #4 Tablets NDC 00406048501	\$122.63	\$85.41
	Gabapentin 100 mg Capsules NDC 71093016105	\$73.40	\$23.88
<b>Total</b>		<b>\$196.03</b>	<b>\$109.29</b>

### Requestor's Position

I have attached the EOB's as well as the documentation to prove that Memorial Wellness Pharmacy has met the requirements to receive reimbursement.

**Amount in Dispute:** \$196.03

### Respondent's Position

It is the position of Accident Fund that no reimbursement is owed to Memorial Compounding as the medicine provided is treatment for conditions not related to the compensable injury and preauthorization was not obtained.

**Response Submitted by:** Burns Anderson Jury & Brenner, L.L.P.

## 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:

- 85 – Claim not processed
- 27 – Expenses incurred after coverage terminated.

### Issues

1. Is this dispute subject to dismissal based on extent of injury?
2. Did the insurance carrier raise a new defense in its response?
3. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

### Findings

1. The insurance carrier denied payment based on extent of the compensable injury. 28 TAC §§133.305 (b) and 133.307 (c)(1)(B)(i) state that a dispute regarding extent of injury 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.

Review of the submitted documentation finds that Burns Anderson Jury & Brenner, L.L.P. failed to attach a copy of a related PLN on behalf of Accident Fund General Insurance Co. to support a denial based on extent of the compensable injury.

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

2. In its position statement, Burns Anderson Jury & Brenner, L.L.P. argued that "reimbursement was also denied because the medications are not contained in the Division's drug formulary and preauthorization was required, buty not obtained."

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 lack of preauthorization 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 Accident Fund General Insurance Co. 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).

- Acetaminophen/Codeine #4 Tablets:  $(1.0855 \times 60 \times 1.25) + \$4.00 = \$85.41$
- Gabapentin 100 mg tablets:  $(0.53 \times 30 \times 1.25) + \$4.00 = \$23.88$

The total allowable reimbursement is \$109.29. 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 \$109.29 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 Accident Fund General Insurance Co. must remit to Memorial Compounding Rx \$109.29 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 9, 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).