

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MEMORIAL WELLNESS  
PHARMACY

**Respondent Name**

TECHNOLOGY INSURANCE COMPANY INC

**MFDR Tracking Number**

M4-24-0629-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

November 15, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2023	Tramadol, Duloxetine and Meloxicam	\$551.44	\$551.44

### Requestor's Position

"The above claimant received Medication as prescribed by referral provider. As of 05/04/2023, the bill for date of service 02/27/2023 has not been processed by carrier. All bills are required to be processed within 45 days of receipt by carrier as per Texas Labor Code 408.027(b). Memorial Wellness Pharmacy has not received any correspondence with explanation of review or benefits."

**Amount in Dispute:** \$551.44

### Respondent's Position

Insurance carrier did not respond to the DWC-60 request submitted by requestor.

### 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 pharmacy fee guideline.

### Denial Reasons

- Neither party submitted explanation of benefit(s).

### Issues

1. Did the insurance carrier respond to the medical fee dispute?
2. Did the insurance carrier take final action on the bill for the service in question prior to the request for medical fee dispute resolution (MFDR)?
3. Is MEMORIAL WELLNESS PHARMACY entitled to additional reimbursement?

### Findings

1. The Austin carrier representative for Technology Insurance Company Inc is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on November 21, 2023. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. MEMORIAL WELLNESS PHARMACY is seeking reimbursement for Tramadol, Duloxetine and Meloxicam dispensed on February 27, 2023. MEMORIAL WELLNESS PHARMACY argued that it had not received payment or an explanation of denial for medical bills submitted for the examination in question.

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 the 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.

3. Because the insurance carrier failed to support its denial reason for the service in this dispute, the DWC finds that MEMORIAL WELLNESS PHARMACY is entitled to reimbursement.

DWC Rule 28 Texas Administrative Code §134.503(c)(1)(A)states

The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:

- (1) the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed:

(A) Generic drugs:  $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \$4.00$  dispensing fee per prescription = reimbursement amount;

NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
38779038809	G	\$35.63	3	\$133.61	\$102.60	\$102.60
38779066906	G	\$6.99	30	\$266.13	\$267.20	\$266.13
29300012510	G	\$4.85	30	\$185.69	\$202.85	\$185.69
					Total	\$554.42

The total reimbursement is \$554.42. The insurance carrier paid \$0.00. The requestor is seeking reimbursement in the amount of \$551.44, 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 \$551.44 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 TECHNOLOGY INSURANCE COMPANY INC must remit to MEMORIAL WELLNESS PHARMACY \$551.44 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**



January 30, 2024

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](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).