

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Rx

**Respondent Name**

Travelers Indemnity Co. of America

**MFDR Tracking Number**

M4-18-5233

**Carrier's Austin Representative**

Box Number 05

**DWC Date Received**

August 27, 2018

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 16, 2018	Gabapentin 600 mg Tablets	\$360.98	\$0.00
	Tramadol HCl 50 mg Tablets	\$107.47	\$0.00
	Total	\$468.45	\$0.00

### Requestor's Position

The carrier denied the reconsideration based on Duplicate Payment ... It looks like the carrier processed the claim but never issued a payment to our facility.

**Amount in Dispute:** \$468.45

### Respondent's Position

The Carrier contends it is not that the Provider submitted duplicate billing, but rather that the prescription had already previously been filled, and therefore the filling of the prescription is duplicative ... As the Carrier had already reimbursed another provider for this prescription, the Provider is this Request for Medical Fee Dispute Resolution is not entitled to reimbursement for the same service.

**Response Submitted by:** Travelers

## 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.

### Denial Reasons

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

- 18 – Duplicate Claim/Service Rx Number ... reduced \$360.98 based on Refill Too Soon for same drug class and Date of Service (02/14/2018). Payment has already been issued to ... PHARMACY.
- 18 – Duplicate Claim/Service Rx Number ... reduced \$107.47 based on Refill Too Soon for same drug class and Date of Service (02/14/2018). Payment has already been issued to ... PHARMACY.

### Issues

1. Is Memorial Compounding Rx (Memorial) entitled to additional reimbursement?

### Findings

1. Memorial is seeking reimbursement for Gabapentin and Tramadol dispensed on February 16, 2018. Travelers Indemnity Co. of America denied payment based on duplicate claim/service.

In its position statement, the insurance carrier provided evidence that the drugs in question were dispensed by another pharmacy on or about February 14, 2018. Memorial provided no evidence to support an additional dispense on the date of service in question. No reimbursement 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 not established that additional reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not

entitled to additional reimbursement for the disputed services.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
July 28, 2022

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).