Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 5-31-02.
   b. The request was received on 8-15-02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. TWCC66a
   c. EOBs
   d. Red Book RX products pricing (ReadyPrice)
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   No Response was noted in the dispute packet.

3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 9-10-02. The insurance carrier did not submit a response to the additional information. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's Case File.

4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 9-4-02.
   "We have submitted a claim to the Carrier for date of service 05-31-02 for the medication Carisoprodol 350 mg #60 in the amount of $209.60. Total dollar amount in dispute is **$26.32**. The disputed issue is that the Carrier has only paid $183.28 stating 'M' charge for this procedure exceeds average wholesale price plus mark up. We resubmitted the claims to the Carrier requesting additional payment. The Carrier denied the request for payment stating we are unable to recommend an additional allowance since this claim was paid in accordance with the state's fee schedule guidelines."

2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 5-31.02.

2. The carrier denied the billed services as reflected on the EOB as, "Z650 (M) CHARGE FOR THIS PROCEDURE EXCEEDS AVERAGE WHOLE SALE PRICE PLUS MARK-UP."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MAR$	REFERENCE	RATIONALE:
5-31-02	Carisoprodol 350 mg #60	$209.60	$183.28	Z650 M	No Mar	Rule 134.500 (b); 134.503 (a) (2) (A)	The Carrier has denied the charge in dispute as "Z650 (M) CHARGE FOR THIS PROCEDURE EXCEEDS AVERAGE WHOLE SALE PRICE PLUS MARK-UP". Billing is in compliance with the referenced rule. Therefore, additional reimbursement is recommended in the amount of **$26.32**. ($209.60 billed - $183.28 already paid = $26.32).
Totals		$209.60	$183.28				The Requestor **is** entitled to reimbursement in the amount of **$26.32.**

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **$26.32** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21st day of April 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll