TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**
Memorial Compounding
RX

**Respondent Name**
AIG Property Casualty Co

**MFDR Tracking Number**
M4-21-2138-01

**Carrier's Austin Representative**
Box Number 19

**DWC Date Received**
Jul 21, 2021

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| May 11, 2021 | Pharbetol | $59.82 | $0.00 |
| May 11, 2021 | Naproxen | $93.28 | $0.00 |
| May 11, 2021 | Cyclobenzaprine | $90.25 | $0.00 |
| | **Total** | $243.35 | $0.00 |

## Requestor's Position

The Bill for date of service 05/11/2021 indicates that is was processed and paid. It looks like the carrier processed the claim but never issued a payment to our facility.

**Amount in Dispute:** $243.35

## Respondent's Position

This bill was paid per the attached original EOB, and no additional payment made with the attached reconsideration EOB.

**Response Submitted by:** Flahive, Ogden & Latson

# 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 TAC §134.503 sets out the fee guidelines for pharmacy services.

Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 1 – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug
- 2 – The charge for the over-the-counter medication exceeds the retail price
- 1 – Duplicate paid/captured claim

Issues

1. What rule(s) apply to disputed services?

## Findings

1. The requestor is seeking reimbursement for oral medication dispensed May 11, 2021. The insurance carrier provided evidence of a payment for the services in dispute. The medications will be reviewed per applicable fee guideline to determine if payment was per applicable fee guideline.

   SWC Rule 28 Texas Administrative Code §134.503 (c) states the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of 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:

   - Generic drugs: ((AWP per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

| Drug | NDC | Generic(G) /Brand(B) | Price /Unit | Units Billed | AWP Formula | Billed Amt | Lesser of AWP and Billed |
|---|---|---|---|---|---|---|---|
| Pharbetol | 16103035008 | G | 0.038 | 30 | $5.27 | $59.82 | $5.27 |
| Naproxen | 68462019005 | G | 1.192 | 30 | $48.72 | $93.28 | $48.72 |
| Cyclobenzaprine | 52817033200 | G | 1.09 | 30 | $44.93 | $90.25 | $44.93 |

The total reimbursement is $98.92. The respondent submitted evidence of a payment of $100.20 made on May 27, 2021, via check number 35053215. No additional 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**

| | | |
|---|---|---|
| | | October 4, 2021 |
| 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. 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 electronico CompConnection@tdi.texas.gov.