



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding
RX

Respondent Name

Fedex Ground Package System Inc

MFDR Tracking Number

M4-21-2267-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 11, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 11, 2021	Oral medication	\$62.96	\$10.82
May 11, 2021	Oral medication	\$81.73	\$0.00
Total		\$144.69	\$10.82

Requestor's Position

The carrier denied the reconsideration based on lack of preauthorization. These medications do not require preauthorization...

Amount in Dispute: \$144.69

Respondent's Position

The Austin carrier representative for Fedex Ground Package System Inc is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 17, 2021.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We

will base this decision on the information available.

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 Texas Administrative Code §134.530 sets out the procedures for prior authorization of oral medications.
3. 28 TAC §134.503 sets out the fee guidelines for oral medications.

Denial Reasons

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

- 75 – Prior authorization required
- 85 – Claim not processed
- 83 – Claim previously processed

Issues

1. Is the insurance carrier's denial supported?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed May 11, 2021. The insurance carrier denied the disputed medications as requiring prior authorization. DWC Rule 28 TAC 134.530 states in pertinent part medications listed as a "N" drug in Appendix A of the ODG Drug Formulary require preauthorization.

The medication Meloxicam is listed as:

<u>Drug Class</u>	<u>Generic Name</u>	<u>Brand Name</u>	<u>Gener Equiv</u>	<u>Status</u>
NSAIDs	Meloxicam	Mobic ®	Yes	Y
NSAIDs	Meloxicam	Vivlodex ®	No	N

Review of the submitted documentation found insufficient evidence to support that the medication dispensed did not require prior authorization or that the required prior authorization was received. The insurance carrier's denial is supported.

2. Review of the applicable Formulary found the medication Cyclobenzaprine is not listed as "N" drug. The insurance carrier's denial is not supported for Cyclobenzaprine. DWC 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: $((\text{AWP per unit}) \times (\text{number of units}) \times 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
Cyclobenzaprine	52817033200	G	1.09	5	\$10.82	\$62.96	\$10.82

The total reimbursement is \$10.82. 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 \$10.82 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 Fedex Ground Package System Inc must remit to Memorial Compounding RX \$10.82 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

October 11, 2021
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 electrónico CompConnection@tdi.texas.gov.