

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding
Pharmacy

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-22-0101-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 20, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 11, 2021	69097-0158-15	\$247.60	\$0.00
June 11, 2021	52817-0330-50	\$106.72	\$65.32
Total		\$354.32	\$65.32

Requestor's Position

Memorial Compounding has provided service and met all requirements to receive reimbursement.

Amount in Dispute: \$354.32

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp is Flahive, Ogden and Latson. The representative was notified of this medical fee dispute on September 28, 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 TAC §134.503 sets out the fee guidelines for oral medications.
3. 28 TAC §134.530 sets out the requirements of prior authorization.

Denial Reasons

1. 60 (B13) – The provider has billed for the exact services on a previous bill.

Issues

1. Did the requestor dispense medication that requires prior authorization?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking of the medications Meloxicam and Cyclobenzaprine. DWC Rule §134.530 (b)(1)(A) states in pertinent part prior authorization is required for medications identified with the status of "N" in Appendix A, ODG Workers' Compensation Drug Formulary.

Review of the applicable Appendix A found Meloxicam as follows:

Generic Name	Brand Name	Gener Equiv	Status
Meloxicam	Mobic ®	Yes	Y
Meloxicam	Vivlodex ®	No	N

Review of the submitted documentation found insufficient evidence to support which medication was provided. The requestor did not support the dispensed medication was the brand that did not require prior authorization or that if prior authorization was required the authorization was received. No reimbursement for Meloxicam can be recommended. The remaining medication in dispute will be reviewed per applicable fee guideline.

2. The requestor is seeking reimbursement for oral medication dispensed in June 2021. The insurance carrier did not support adjudication of the service in dispute. The medication will be reviewed per applicable fee guideline.

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

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Cyclobenzaprine	52817033050	G	1.64	30	\$65.52	\$106.72	\$65.52
						\$106.72	\$65.52

The total reimbursement is \$65.52. 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 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. It is ordered that Safety National Casualty Corp must remit to Memorial Compounding RX \$65.52 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

December 9, 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.