

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding  
Pharmacy

**Respondent Name**

State Farm Fire & Casualty Co

**MFDR Tracking Number**

M4-22-0244-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

October 5, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 4, 2021	57664-0277-18	\$81.39	\$33.86
June 4, 2021	68382-0051-05	\$202.85	\$0.00
June 4, 2021	31722-0581-80	\$267.20	\$266.13
June 4, 2021	52817-0330-50	\$106.72	\$65.52
<b>Total</b>		<b>\$658.16</b>	<b>\$365.51</b>

### Requestor's Position

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

**Amount in Dispute:** \$658.16

### Respondent's Position

The Austin carrier representative for State Farm Fire & Casualty Co is JT Parker & Associates LLC. The representative was notified of this medical fee dispute on October 12, 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 of medication.

### Denial Reasons

The explanation of benefits did not include the page with the explanation of the reversal.

### Issues

1. Was prior authorization required for Meloxicam?
2. What rule(s) apply to disputed services?

### Findings

1. The request for medical dispute resolution included the medication Meloxicam. DWC Rule 28 TAC §134.530 (b)(1)(A) states in pertinent part preauthorization is only required for drugs identified with a status of "N" in Appendix A, ODG Workers' Compensation Drug Formulary. The status of Meloxicam is as follows.

Drug Class	Generic Name	Brand Name	Gener Equiv	Status
NSAIDs	Meloxicam	Mobic ®	Yes	Y
NSAIDs	Meloxicam	ivlodex ®	No	N

The information submitted by the requestor was insufficient to support the Meloxicam dispensed did not require prior authorization. No payment can be recommended.

2. The requestor is seeking reimbursement for oral medication dispensed in June 2021. The insurance company reversed the payment of these services on September 23, 2021. No position statement or cause of the reversal was listed on the submitted explanation of benefits. The service in dispute 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
Tramadol	57664037718	G	0.2796	30	\$33.86	\$81.39	\$33.86
Duloxetine	31722058160	G	6.99	30	\$266.13	\$267.20	\$266.13
Cyclobenzaprine	52817033050	G	1.64	30	\$65.52	\$106.72	\$65.52
							\$365.51

The total reimbursement is \$365.51 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 entitled to additional reimbursement for the disputed services. It is ordered that State Farm Fire & Casualty Co must remit to Memorial Compounding RX \$365.51 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Peggy Miller  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
December 10, 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](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).