



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-22-1250-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

February 23, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 2, 2021	67877-0320-05	\$88.42	\$0.00
November 2, 2021	67877-0223-05	\$97.42	\$0.00
November 2, 2021	21922-0009-09	\$115.85	\$0.00
November 2, 2021	57664-0377-18	\$69.44	\$14.93
November 2, 2021	52817-0330-50	\$106.72	\$-0.1
Total		\$477.85	\$14.92

Requestor's Position

"Memorial Compounding has fulfilled the required rule to receive reimbursement."

Amount in Dispute: \$477.85

Respondent's Position

"...additional monies were paid on this on 3/27/2022."

Response Submitted by: Gallagher Bassett

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.

Denial or Reduction Reasons:

- P12 – Workers compensation jurisdictional fee schedule adjustment
- PP – Paid in full – No adjustment to charged amount

Issues

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

Findings

1. The requestor is seeking reimbursement for oral medication dispensed in November 2021.

The insurance company provided evidence of \$257.95 on March 27, 2022.

The service in dispute will be reviewed per applicable fee guideline.

DWC Rule 28 Texas Administrative Code §134.503 (c)(1)(A)(B) states in pertinent part 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.

Brand name drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.09) + \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
Ibuprofen	67877032005	G	0.51	60	\$42.65	\$88.42	\$42.65
Gabapentin	67877022305	G	1.33	30	\$53.90	\$97.42	\$53.90
Diclofenac Sodium	21922000909	G	0.58	100	\$76.94	\$115.85	\$76.94

Tramadol	57664037718	G	0.79	30	\$33.86	\$69.44	\$33.86
Cyclobenzaprine	52817033050	G	1.64	30	\$65.52	\$106.72	\$65.52
						\$477.85	\$272.87

The total reimbursement is \$272.87. The insurance carrier paid \$257.95 The balance of \$14.92 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 Old Republic Insurance Co must remit to Memorial Compounding RX \$14.92 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

April 28, 2022
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.