

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

OLD REPUBLIC GENERAL INSURANCE

MFDR Tracking Number

M4-22-1314-01

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 16, 2021	Meloxicam tablet	\$247.62	\$0.00
November 16, 2021	Omeprazole Capsule	\$259.90	\$126.50

Requestor's Position

The above claimant received Medication as prescribed by referral provider. Bill for date of service 11/16/2021 still has not been processed by carrier.

Amount in Dispute: \$507.52

Respondent's Position

Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed.

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the pharmacy fee guideline.
3. 28 TAC §134.530 sets out the requirements for use of the closed formulary for claims not subject to certified networks.

Denial Reasons

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

- Neither parties submitted explanation of benefits

Issues

1. Is MEMORIAL COMPOUNDING RX entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement for prescribed medication dispensed on November 16, 2021.

The formulary consists of all available Food and Drug Administration (FDA) approved prescription and nonprescription drugs prescribed and dispensed for outpatient use, with the following exclusion:

- Drugs identified with a status of "N" in the current edition of the Official Disability Guidelines Treatment in Workers' Comp (ODG)/ Appendix A, ODG Workers' Compensation Drug Formulary, and any updates

Review of the Appendix A for November 2021 finds that Meloxicam has a N status and a Y status depending on the brand name, i.e., brand name Mobic (Y status) and Vivlodex (N status).

TAC Rule 28 TAC §134.530 (a)(b)(1) states Preauthorization is only required for:

- (A) drugs identified with a status of "N" in the current edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, *ODG Workers' Compensation Drug Formulary*, and any updates;

Review of the requestor's documentation was insufficient to support Meloxicam did not require prior preauthorization. Therefore, no reimbursement is recommended for Meloxicam.

DWC Rule 28 Texas Administrative Code §134.503(c)(1)(A)states

The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:

(1) 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:

(A) 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
Omeprazole	62175011843	G	\$3.37	30	\$126.50	\$259.90	\$126.50
						Total	\$126.50

The total reimbursement for Omeprazole is \$126.50. 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 \$126.50 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 GENERAL INSURANCE must remit to MEMORIAL COMPOUNDING RX \$126.50 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

June 21, 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.