

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

HARRIS HEALTH SYSTEM

MFDR Tracking Number

M4-22-1410-01

Carrier's Austin Representative

Box Number 21

DWC Date Received

March 10, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 21, 2021	Gabapentin	\$284.28	\$337.82
December 21, 2021	Acetaminophen/Codeine	\$101.00	

Requestor's Position

The above patient was prescribed medication and the bill was received and processed by an alternate vendor. The alternate vendor paid the bill regarding line item(s) NDC#50228-0177-05, NDC#00406-0484-10. Memorial Wellnes Pharmacy later received an Explanation of Benefits from alternate vendor reversing this payment. However, on the explanation of benefits there was not reason for reduction or denial.

Amount in Dispute: \$385.26

Respondent's Position

Requestor is seeking reimbursement for date of service, December 21, 2021 in the amount of \$489.14 On November 24, 2021, Requestor dispense four medications. The medications the basis of this reconsideration are Gabapentin 600 mg and Acetaminophen/COD #3 which were billed for \$385.26. The medication made the basis of this dispute was not part of the reconsideration request. Regardless of procedure not being followed, a reversal of payment was due to provider

and is currently reprocessing payment, which will be released to provider as soon as possible.

Response submitted by: Thornton Biechlin Reynolds & Guerra

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.

Denial Reasons

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

- Explanations of benefits provided does not give denial reasons

Issues

1. Is MEMORIAL COMPOUNDING RX entitled to reimbursement?

Findings

1. MEMORIAL COMPOUNDING RX is requesting reimbursement for Gabapentin and Acetaminopen/Codeine dispensed on December 21, 2022.

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: $((AWP \text{ 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
Gabapentin	50228017705	G	\$2.52	90	\$283.44	\$284.26	\$283.44
Acetaminophen/Codeine	00406048410	G	\$0.48	90	\$54.37	\$101.00	\$54.37
						Total	\$337.82

The total reimbursement is \$337.82. 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 \$337.82 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 HARRIS HEALTH SYSTEM must remit to MEMORIAL COMPOUNDING RX \$337.82 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

June 29, 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.