

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MEMORIAL  
COMPOUNDING RX

**Respondent Name**

SAFETY NATIONAL CASUALTY CORP

**MFDR Tracking Number**

M4-22-1573-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 28, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 22, 2021	Cyclobenzaprine tablet, Gabapentin Capsule and Tramadol-Acetaminophen	\$275.90	\$129.25

### Requestor's Position

The above claimant received Medication as prescribed by referral provider. Bill for date of service 12/22/2021 still has not been processed by carrier. All bills are required to be processed within 45 of receipt by the carrier as per Texas Labor Code 408.027(b). Memorial Compounding Pharmacy has not received any correspondence with explanation of review or benefits.

**Amount in Dispute: \$275.90**

### Respondent's Position

The Carrier referred this bill over to its bill review vendor and is investigation the response. The Carrier will supplement this Response upon completion of its investigation.

**Response submitted by:** Flahive Ogden & Latson

## 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:

- No explanation of benefits provided by either parties

### Issues

1. Is MEMORIAL COMPOUNDING RX entitled to reimbursement?

### Findings

1. MEMORIAL COMPOUNDING RX is requesting reimbursement for Cyclobenzaprine tablet, Gabapentin Capsule and Tramadol-Acetaminophen dispensed on December 22, 2021.

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
Cyclobenzaprine	52817033200	G	\$1.09	30	\$40.93	\$90.25	\$40.93
Gapapentin	67877022305	G	\$1.33	30	\$49.90	\$97.42	\$49.90

Tramadol-Acetaminophen	00378808805	G	\$1.02	30	\$38.41	\$88.23	\$38.41
						Total	\$129.25

The total reimbursement is \$129.25. 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 \$129.25 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 SAFETY NATIONAL CASUALTY CORP must remit to MEMORIAL COMPOUNDING RX \$129.25 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

**Authorized Signature**

[Redacted Signature]

Signature

[Redacted Signature]

Medical Fee Dispute Resolution Officer

July 1, 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](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).