

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MEMORIAL  
COMPOUNDING RX

**Respondent Name**

OLD REPUBLIC INSURANCE CO

**MFDR Tracking Number**

M4-22-1739-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

April 12, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 29, 202	Duloxetine HCL 30 Mg	\$509.96	\$509.96

### Requestor's Position

The above patient was prescribed medication and the carrier received and processed the bill. Carrier denied the claim and the provider submitted a request for reconsideration. The request for reconsideration in accordance with Rule 133.250 was submitted to the carrier but claim was processed and denied again. The insurance carrier is required to take final action on the claim that references the original denial. The claim was denied for (FEE SCHEDULE).

**Amount in Dispute:** \$509.96

### Respondent's Position

**Response dated April 21, 2022**

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. Supplemental response will be provided once the bill auditing company has finalized their review.

## **Supplemental Response dated May 18, 2022**

Our initial response to the above referenced medical fee dispute resolution is as follow: we have escaled the bills in question for bill review audit and payment.

Supplemental response will be provided once the bill auditing company has finalized their review.

**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.

### Denial Reasons

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

- 197 – Payment denied/reduced for absence of precertification/authorization
- 00663 – Riembursement has been calcalated to state fee schedule guidelines
- 5725 – First script has denied the line for utilization. For questions please call 1-888-232-0958
- 90438 – Payment denied/reduced for absence of precertification/authorization

### Issues

1. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

### Findings

1. MEMORIAL COMPOUNDING RX is requesting reimbursement for Duloxetine HCL dispensed on December 29, 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
Duloxetine HCL	51991-074710	G	\$7.54	60	\$565.58	\$509.96	\$509.96
						Total	\$509.96

The total reimbursement is \$509.96. 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 \$509.96 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 \$509.96 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](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).