

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor NameMEMORIAL
COMPOUNDING RX**Respondent Name**

VANLINER INSURANCE CO

MFDR Tracking Number

M4-22-2201-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

June 08, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 9, 2022	Cyclobenzaprine, Hydrocodone and Gabapentin	\$345.92	\$216.77

Requestor's Position

The above claimant received Medication as prescribed by referral provider. Bill for date of service 02/09/2022 still has not been process by carrier. All bills are required to be processed within 45 days of receipts by the carrier as per Texas Labor Code 408.027(b).

Amount in Dispute: \$345.92

Respondent's Position

This firm has been retained by Vanliner Insurance Company to respond to the medical dispute reference above. After reviewing the Provider's information, it was determined that the bill for the disputed services had not been provided for audit. Vanliner has now sent the bill to audit and will stand by the results of that audit.

Response submitted by: STONE LOUGHLIN SWASON

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Cyclobenzaprine	52817033200	G	\$1.09	56	\$76.41	\$118.62	\$76.41
Hydrocodone	53746011005	G	\$0.67	56	\$47.22	\$95.28	\$47.22
Gabapentin	67877022305	G	\$1.33	56	\$93.15	\$132.02	\$93.15
						Total	\$216.77

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:

- Requestor in dispute did not provide any explanation of benefits

Issues

1. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

Findings

1. MEMORIAL COMPOUNDING RX is requesting reimbursement for Cyclobenzaprine, Hydrocodone and Gabapentin dispensed on February 9, 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: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

The total reimbursement is \$216.77. 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 requestor has established that additional reimbursement of \$216.77 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 VANLINER INSURANCE CO must remit to MEMORIAL COMPOUNDING RX \$216.77 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

September 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 electronico CompConnection@tdi.texas.gov.

