

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MEMORIAL  
COMPOUNDING RX

**Respondent Name**

OLD REPUBLIC INSURANCE CO

**MFDR Tracking Number**

M4-22-2278-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

June 21, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 4, 2022	Duloxetine HCL DR 30 MG	\$509.96	\$509.96

### Requestor's Position

The carrier denied the reconsideration based on lack of preauthorization. These medications do not require preauthorization therefore do not need a retrospective review.

**Amount in Dispute:** \$509.96

### Respondent's Position

**Response dated June 29, 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 July 11, 2022

Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bills in question were escalated and the review has been finalized. Our bill audit company has determined no further payment is due ... RESEARCH AND RM DENIAL VIA COVENTRY CONNECT LISTED BELOW: DOS 4/4/22 DULOXETINE HCL DR 30 MG CAP

NDC 51991074710

DCN 2022108DD011339

**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:

- 00663 – Reimbursement has been calculated according to State Fee Schedule Guidelines
- 90438 – Payment denied/reduced for absence of precertification/authorization
- 197 – Payment denied/reduced for absence of precertification/authorization
- 5725 – First Script has denied the line for Utilization. For questions, please call 1-888-232-0958

### Issues

1. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

### Findings

1. MEMORIAL COMPOUNDING RX is requesting reimbursement for Duloxetine HCL DR 30 MG dispensed on April 4, 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;

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Duloxetine HCL	51991074710	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**

[Redacted Signature]

Signature

[Redacted Name]

Medical Fee Dispute Resolution Officer

July 20, 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).