TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Memorial Compounding RX

Respondent Name
Trumbull Insurance Co

MFDR Tracking Number
M4-22-2299-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
June 24, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 22, 2022	57664-0377-18	$200.82	$183.13
April 22, 2022	52817-0332-00	$155.74	$126.79
April 22, 2022	62175-0118-43	$259.90	$257.00
		$616.46	$566.92

Requestor's Position

"The carrier denied the reconsideration based on claim not processed. The carrier is required to provide a response of the bill in order for the Healthcare Provider to rebuttal properly."

Amount in Dispute: $616.46

Respondent's Position

"Bill was processed and denied by Express Scripts per adjuster instructions."

Response submitted by: The Hartford

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.530 sets out the requirements of prior authorization.
3. 28 TAC §134.503 sets out the fee guidelines for pharmacy services.

Denial Reasons

- 85 – Claim not processed
- 19 – Missing/invalid day supply
- 88 - DUR
- 75 – Prior authorization required
- 65 – Patient is not covered

Issues

1. Is the insurance carrier's denial supported?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed April 22, 2022. The insurance company denied stating patient not covered. Insufficient evidence was found to support the injured worker was not covered.

   Additionally, the insurance carrier denied for lack of prior authorization. DWC Rule 28 TAC 134.530 (b) (1) states in pertinent part, preauthorization is only required for drugs identified with a status of "N" in the current edition of the ODG Appendix A.

   Review of the submitted medical bill found the following medications.

   - Tramadol. Listed as "Y" drug no authorization required
   - Cyclobenzaprine. Listed as "Y" drug no authorization required.
   - Omeprazole. Listed as "Y" drug no authorization required.

The insurance carrier's denial is not supported. The services in dispute will be reviewed per applicable fee guideline.

2. DWC Rule 28 Texas Administrative Code §134.503 (c)(1)(A)(B) states in pertinent part (c) 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 per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

   (B) Brand name drugs: ((AWP per unit) x (number of units) x 1.09) + $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
Tramadol	57664037718	G	0.796	180	$183.13	$200.82	$183.13
Cyclobenzaprine	52817033200	G	1.09	90	$126.79	$155.74	$126.79
Omeprazole	62175011843	G	3.37	60	$257.00	$259.90	$257.00
						$616.46	$566.92

The total allowed amount is $566.92. 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 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 Trumbull Insurance Co must remit to Memorial Compounding RX $566.92 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	July 28, 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.