



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Compounding Pharmacy

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-22-2391-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

July 12, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 18, 2022	31722-0581-60	\$267.20	\$266.13
		\$267.20	\$266.13

### Requestor's Position

"We were not notified of any disputes of PLN11 filed. The Carrier is required to notify all providers of any issues with the claimant's compensability. 28 Texas Administrative Code 133.210€ indicates that the insurance carrier has an obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. Memorial Compounding Pharmacy was never notified of the extent."

**Amount in Dispute:** \$267.20

### Respondent's Position

"The provider did not fully comply per Rule 133.307(3) which states "a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500... Our position is that no payment is due."

**Response submitted by:** Texas Mutual

## 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 §124.2 sets out requirements of plain language notification.
3. 28 TAC §134.503 sets out the fee guidelines for pharmacy services.

### Denial Reasons

- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 219 – Based on extent of injury
- 91 – Dispensing fee adjustment
- G01 – This item was priced as a generic prescribed drug
- 246 – The treatment/service has been determined to be unrelated to the extent of injury. Final adjudication has not taken place

### Issues

1. Is the insurance carrier's denial based on extent of injury supported?
2. What rule(s) apply to disputed services?
3. Is the requestor due reimbursement?

### Findings

1. The requestor is seeking reimbursement for oral medication dispensed in May 2022.

DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2.

The insurance carrier's denial reason is therefore not supported. The respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.

The division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services will be reviewed pursuant to the applicable rules and fee guidelines.

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:  $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \$4.00$  dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs:  $((\text{AWP per unit}) \times (\text{number of units}) \times 1.09) + \$4.00$  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
Duloxetine HCL	31722-0581-60	G	\$6.99	30	\$266.13	\$267.20	\$266.13
						\$267.20	\$266.13

3. The total reimbursement is \$266.13. 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 Texas Mutual must remit to Memorial Compounding Pharmacy \$266.13 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

\_\_\_\_\_  
August 2, 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).