

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL
COMPOUNDING RX

Respondent Name

FEDEX GROUND PACKAGE SYSTEM INC

MFDR Tracking Number

M4-23-0215-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 23, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2022	Naproxen, Cyclobenzaprine and Amitriptyline HCL	\$238.89	\$94.98

Requestor's Position

"The above claimant received medication as prescribed by referral provider. Bill for date of service 07/26/2022 was denied for unresolved issues of extent of injury. A call was placed to carrier to confirm patient demographics as well as compensability. We were not notified of any disputes or PLN11 filed. The carrier is required to notify all providers of any issues with the claimants compensability."

Amount in Dispute: \$238.89

Respondent's Position

Insurance carrier did not respond to the DWC-060 request in dispute.

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 Texas Administrative Code §124.2 sets out the procedures for insurance carrier reporting and notification requirements.
3. 28 Texas Administrative Code §124.3 sets out the procedures for investigation of an injury and notice of denial or dispute.
4. 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:

- P4 – Workers' Compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment
- 65 – Patient is not covered

Issues

1. Did the respondent respond to the DWC-060 request in dispute?
2. Is there a unresolved compensability, extent of injury or liability issue for the disputed service?
3. Is MEMORIAL COMPOUNDING RX entitled to additional reimbursement?

Findings

1. The Austin carrier representative for Fedex Ground Package System Inc is FLahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on October 4, 2022. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. The insurance carrier denied the disputed services with denial reason listed above.

28 Texas Administrative Code §124.2 (h) states: The insurance carrier shall issue a Notice of Continuing Investigation as a plain language notice in the form and manner prescribed by the division. The notification requirements of this section are not considered complete until a copy of the notice provided to the claimant is received by the division.

28 Texas Administrative Code §124.3 (f) states: Labor Code §409.021 and subsection (a) of this section do not apply to disputes of extent of injury. If an insurance carrier receives a medical bill that involves treatment(s) or service(s) that the insurance carrier believes is not related to the compensable injury, the insurance carrier shall file a notice of dispute of extent of injury (notice of dispute). The notice of dispute shall be filed in accordance with §124.2 of this title and be filed not later than the earlier of:

- (1) the date the insurance carrier denied the medical bill; or
- (2) the due date for the insurance carrier to pay or deny the medical bill as provided in Chapter 133 of this title (concerning General Medical Provisions).

28 Texas Administrative Code §133.240 (h) states: An insurance carrier shall have filed, or shall concurrently file, the applicable notice required by Labor Code §409.021, and §124.2 and §124.3 of this title (relating to Investigation of an Injury and Notice of Denial/Dispute) if the insurance carrier reduces or denies payment for health care provided based solely on the insurance carrier's belief that:

- (1) the injury is not compensable;
- (2) the insurance carrier is not liable for the injury due to lack of insurance coverage; or
- (3) the condition for which the health care was provided was not related to the compensable injury.

Review of the submitted documentation provided by the requestor finds no Plain Language Notice disputing compensability, extent of injury or liability in accordance with Rules §124.2, §124.3 and §133.240.

Furthermore, if a medical fee dispute involves compensability, extent of injury or liability Rule §133.307 (d)(2)(H) requires carriers to attach to the MFDR response a copy of any related Plain Language Notice issue in accordance with Rule §124.2.

Therefore, the division finds that the insurance carrier's denial regarding compensability is not supported. The division concludes that there is no unresolved issues of compensability, extent of injury or liability.

3. MEMORIAL COMPOUNDING RX is requesting reimbursement for Naproxen, Cyclobenzaprine and Amitriptyline HCL dispensed on July 26, 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
Naproxen	68462019005	G	\$1.19	30	\$44.72	\$93.28	\$44.72
Cyclobenzaprine	10702000610	G	\$1.72	15	\$32.30	\$83.34	\$32.30
Amitriptyline HCL	16729017101	G	\$0.32	15	\$5.96	\$62.27	\$5.96
						Total	\$94.98

The total reimbursement is \$94.98. 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 \$94.98 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 Fedex Ground Package System Inc must remit to Memorial Compounding RX \$94.98 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

January 27, 2023

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 electrónico CompConnection@tdi.texas.gov.