



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Pharmacy

Respondent Name

Texas A & M University System

MFDR Tracking Number

M4-23-0405-01

Carrier's Austin Representative

Box Number 29

DWC Date Received

October 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 12, 2022	69238131109	\$815.97	\$0.00
August 12, 2022	21399000909	\$174.20	\$8.83
August 12, 2022	52817033200	\$90.24	\$0.00
August 12, 2022	29300012510	\$202.85	\$0.00
		\$1283.26	\$8.83

Requestor's Position

"After reviewing the explanation of benefits, it indicates that carrier paid \$0.00 and not the full amount of \$(1283.26). This claim should be processed with the full amount billed as per Administrative Labor Code 134.503(c).

Amount in Dispute: \$1283.26

Respondent's Position

"This letter is regarding the Medical Dispute request from Memorial Compounding RX, for service 08/12/2022 – 08-12/2022 for total charge of \$1283.26 for Pharmacy services. With further review not additional monies are due as previous payment was made in the amount of \$990.17 under bill #12625089 on 8/29/2022 under Check#383304 and \$230.62 under bill#12625085 on

8/29/2022 under chec#383304 to the provider. Bills were received on 8/15/2022 and processed on 8/19/2022. Payment was mailed to Memorial Wellness RX @ PO Box 88410, Houston, Texas 77288. This was within the 45 day deadline for payment or denials."

Response submitted by: Careworks

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 §134.503 sets out the fee guidelines for pharmacy services.

Denial Reasons

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- W3 – Reporting purposes only.

Issues

1. Did the requestor support payment made per fee guidelines?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed August 12, 2022. The insurance company provided evidence of two payments made for the disputed services as described in their position statement. The requestor-maintained dispute. The service 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 \text{ per unit}) \times (\text{number of units}) \times 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
Pregabalin	69238131109	G	8.42	90	\$952.09	\$815.97	\$815.97
Diclofenac Sodium	21922000909	G	0.58	200	\$149.88	\$174.20	\$149.88
Cyclobenzaprine	52817033200	G	1.09	30	\$44.93	\$90.24	\$44.93
Meloxicam	29300012510	G	4.845	30	\$185.69	\$202.85	\$185.69
						\$1283.26	\$1196.47

The total reimbursement is \$1196.476. The insurance carrier supported payment made in the amount of \$957.02 and \$230.62 for a total payment of \$1,187.64. Additional payment of \$8.83 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 A & M University System must remit to Memorial Compounding RX \$8.83 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

April 28, 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.