



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

MEMORIAL COMPOUNDING RX

Respondent Name

ALVIN ISD

MFDR Tracking Number

M4-23-0871-01

Carrier's Austin Representative

Box Number 49

DWC Date Received

December 14, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 9, 2022	Prescribed Medications	\$284.32	\$219.65
Total		\$284.32	\$219.65

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. Rules 134.530 and 134.540 indicate that preauthorization..."

Amount in Dispute: \$284.32

Respondent's Position

"The non-payment of the two prescriptions filled on 9/09/2022 were due to no preauthorization being obtained. Preauthorization is required for this treatment/services per Rule 134.60, Section P... The treatment currently being rendered are for diagnosis that remain in dispute and found by the Designated Doctor to be not related to the compensable injury. Furthermore, the current treatment is no in accordance with the ODG Medical Treatment Guidelines. Information submitted by the Requestor shows Meloxicam list as an 'N' drug.

Response Submitted by: Davies

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).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 197 – Preauthorization/authorization/notification absent.
- Note: There is no scientific or clinical evidence demonstrating the potential efficacy for this delivery method for these medications, therefore, preauthorization is required.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement for Acetaminophen-Cod # 3 tablets and Meloxicam 15 mg tablets, dispensed on September 9, 2022. The insurance carrier denied the disputed medications due to lack of preauthorization.

28 TAC §134.503 (b)(1)(A) states, "(b) Preauthorization for claims subject to the Division's closed formulary. (1) Preauthorization is only required for: (A) drugs identified with a status of "N" in the current edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, *ODG Workers' Compensation Drug Formulary*, and any updates..."

Review of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A indicates:

- Acetaminophen-Cod # 3 tablets- Drug identified with status "Y."
- Meloxicam 15 mg tablets - Drug identified with status "Y."

The DWC finds that the medications in dispute are not subject to preauthorization per 28 TAC §134.503. As a result, the insurance carrier's denial is not supported and the requestor is therefore entitled to reimbursement.

2. 28 TAC §134.503 (c) states the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of 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:
 - Generic drugs: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount;

Drug	NDC	Generic (G)	Quantity Price/Unit	AWP Formula	Billed Amount	Lesser of AWP and Billed Amount
ACETAMINOPHEN-COD #3 TABLET	65162003311	G	#30 \$0.79892	\$33.96	\$81.47	\$33.96
MELOXICAM 15 MG TABLET	29300012510	G	#30 \$4.84500	\$185.69	\$202.85	\$185.69
Total				\$219.65	\$284.32	\$219.65

The DWC finds that the requestor is entitled to reimbursement in the amount of \$219.65 is due. Therefore, this amount is recommended.

Conclusion

The outcome of each independent medical fee dispute relies on the relevant evidence the requester and respondent present at the time of adjudication. Although all the evidence in this dispute may not have been discussed, it was considered.

The DWC finds the requester has established that reimbursement is due. As a result, the amount ordered is \$219.65.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requester the amount of \$219.65 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	February 21, 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. The DWC must receive the request within **20-days** of when you receive this decision. You may fax, mail, or personally deliver your request to the DWC using the contact information on the form or the field office handling the claim. If you have questions about the 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 the 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 prefieres hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.