



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-23-2686-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 21, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 5, 2022	21922-0009-09	\$115.85	\$76.94
December 5, 2022	29300-0415-10	\$122.99	\$85.86
		\$238.84	\$162.80

Requestor's Position

"The explanation of benefits indicates that carrier paid \$566.05 and not the full amount of \$810.86. This code should be processed with the full amount billed as per Administrative Labor Code 134.503(c)."

Amount in Dispute: \$238.84

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co of North America is Downs Stanford. The representative was notified of this medical fee dispute on June 27, 2023.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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

- Neither party submitted evidence that the disputed services had been adjudicated.

Issues

1. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for the oral medication Cyclobenzaprine 60 units and Diclofenac Sodium 1% Gel 100 units dispensed December 8, 2022. As stated above, neither party submitted evidence of adjudication of the disputed services.

The service in dispute will be reviewed per applicable fee guideline.

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
------	-----	-------------------------	----------------	-----------------	----------------	---------------	--------------------------------

Diclofenac Sodium 1% Gel	21922-0009-09	G	0.583	100	\$76.94	\$115.85	\$76.94
Cyclobenzaprine	29300-0415-10	G	1.09	60	\$85.86	\$122.99	\$85.86
						\$238.84	\$162.80

The total reimbursement is \$162.80. 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 \$162.80 reimbursement for the disputed services. It is ordered that Indemnity Insurance Co of North America must remit to Memorial Wellness Pharmacy \$162.80 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 24, 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.