



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

Argonaut Insurance Co.

MFDR Tracking Number

M4-23-2861-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 10, 2023	51991-0468-01	\$90.24	\$0.00
Total		\$90.24	\$0.00

Requestor's Position

"The carrier denied the reconsideration based on the claim lacks information which is needed for adjudication. The carrier claims that the NDC# has been discontinued. I have attached a copy of the bill showing we have THE FOLLOWING NDC information: CYCLOBENZAPRINE 10MG TAB; NDC 51991-0468-10."

Amount in Dispute: \$90.24

Respondent's Position

The Austin carrier representative for Argonaut Insurance Co. is Downs Stanford, PC. The representative was notified of this medical fee dispute on July 18, 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.

Response Submitted by: N/A

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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
4. [28 TAC §133.10](#) sets out required professional medical billing formats.
5. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

Denial Reasons

- 77 – DISCONTINUED NDC NUMBER.

Issues

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

Findings

1. Per the explanation of benefits (EOB) submitted, the drug in dispute, with date of service of February 10, 2023, was denied reimbursement due to an invalid National Drug Code (NDC) number used on the pharmacy bill.

28 TAC §133.10(f)(3), which sets out the required elements of a complete pharmacy medical bill, requires that the generic NDC number be included on the pharmacy bill when a generic drug was dispensed or that the name brand NDC number be included on the pharmacy bill when a name brand drug was dispensed. A review of the submitted documentation finds that on the disputed date of service, the NDC number on the pharmacy bill, 51991-0468-10, does not correspond to any drug and therefore, is not a valid NDC number.

DWC finds that denial reason 77, defined above, is supported.

2. The requestor is seeking reimbursement in the amount of \$90.24 for a drug dispensed on February 10, 2023. Because the insurance carrier's denial reason is supported, DWC finds that the requestor is not entitled to reimbursement for the disputed service.

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 that the requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 30, 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.