

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/27/04.

I. DISPUTE

Whether there should be additional reimbursement for dates of service 1/31/03 through 4/24/03. The Carrier denied additional reimbursement as "N - Please submit med nec for the serv billed as related to orig injury."

II. FINDINGS

The Medical Review Division reviewed the request for Medical Dispute Resolution and determined that the issues in dispute are related to reimbursement based on fee issues only. On 3/08/04, a letter was faxed to the Requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor's receipt of this Notice.

III. RATIONALE

The Requestor billed \$209.60 for Carisoprodol 350mg #60 for each date of service. The Carrier reimbursed \$149.50 for each date of service leaving \$240.40 in dispute.

According to the EOBs submitted by the Carrier, their reimbursement was based on Medispan's February, March, and April 2003 Price Alert. However, Price Alerts for January, February, March and April 2003 do not list Carisopordol #60 with the NDC# 58809042405. The Requestor used the February 2003 Monthly Redbook Publication as well as the yearly publications from 2002 and 2003. All publications list the AWP at 1370.65 per 500 pills. The Requestor billed in accordance with TWCC Rule 134.503(a)(2)(A). Therefore, reimbursement is recommended ($\$164.48 \times 1.25 + \$4.00 = \$209.60$; $\$209.60 \times 4 \text{ dates of service} = \$838.40 - \$598.00 \text{ Carrier reimbursement} = \240.40).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is** entitled to reimbursement for Carisopordol 350mg #60 in the amount of **\$240.40**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$240.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 28th day of April 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd