



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION
FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Injured Workers Pharmacy

Respondent Name

Arrowood Indemnity Co

MFDR Tracking Number

M4-19-0382-01

Carrier's Austin Representative Box

Number 11

Fee Dispute Request Received

September 24, 2018

Response Submitted by:

Arrowpoint Capital

REQUESTOR POSITION SUMMARY

"Invoices have been priced at the Texas Fee Schedule, utilizing AWP's derived from [redacted], a nationally recognized pharmaceutical price guide...We have no current contract with Argus, nor AWPRx. With no contract in place, we would not be subject to the contracted rates. We expect to be paid Texas fee schedule for our pharmacy services."

RESPONDENT POSITION SUMMARY

"The agreement for Argus and Family Care Network is attached showing relevant rates for reference. Argus has provided us with a list of all participating pharmacies as well. That spreadsheet is attached showing IWP listed on line 30294 as a participant in this network. All prescriptions are repriced per the network agreement."

SUMMARY OF REQUEST AND DIVISION ORDER

Table with 4 columns: Disputed Dates of Service, Disputed Service, Disputed Amount, Division Order. Row 1: August 29, 2017 through June 15, 2018, Medications, \$3,451.73, \$3,451.73

AUTHORITY

Texas Labor Code §413.031 (c) In resolving disputes over the amount of payment due for medically necessary services for treatment of the compensable injury, the role of the medical fee dispute resolution program is to adjudicate the payment given the relevant statutory provisions and commissioner rules.

Rule at 28 Texas Administrative Code §133.307 sets out the process for medical fee dispute resolution applicable to requestors, respondents, and the Division.

Claim Adjustment Reason Codes

The insurance carrier reduced payment for the disputed service with the following claim adjustment reason codes:

- 1. Explanation of Benefits (EOB) issued by AWPRx noted:
• 90 – Ingredient cost adjustment
• (1) – Paid

Findings

Injured Workers Pharmacy (IWP) was paid by Arrowood Indemnity Co for medications provided to a covered injured employee. Arrowood Indemnity paid and explained that payment was made in accordance with the "Family Care Pharmacy Network" rate. IWP states that they are not contracted with Family Care Pharmacy Network.

Upon reconsideration, Arrowood Indemnity generally maintained its original explanations. IWP was dissatisfied with the outcome of reconsideration and proceeded to file this medical fee dispute.

IWP has the burden to prove that the disputed amount is due. The role of the medical fee dispute resolution program is to decide whether that burden is met.

1. Did Arrowood Indemnity Co support that an informal network contract applied?

A workers' compensation carrier may pay a health care provider fees for pharmaceutical services that are inconsistent with the fee guidelines only if the carrier has a contract with the health care provider, and only if the health care provider has been notified in the manner required by [§408.0281 \(d\) and \(e\)](#). See [Texas Labor Code §408.0281](#), Added by Acts 2011, 82nd Leg., R.S., Ch. 705 (H.B. [528](#)), Sec. 3, eff. June 17, 2011.

In this case, the carrier, Arrowood Indemnity Co, asserts that its authorized agent, Argus, contracted with an informal network, Family Care Pharmacy Network, which claims IWP as part of its pharmacy network. *Arrowood Indemnity Co* provided a copy of its contract with Argus and provided a copy of the contract between Argus and the Family Care Pharmacy Network; however, no contract between Family Care Pharmacy Network and IWP was provided, nor was there proof that the IWP received the notice required by [§408.0281 \(d\) and \(e\)](#). We note that a simple excel listing from Family Care Pharmacy Network that includes IWP as a "contracted provider" does not satisfy the requirements of Texas Labor Code §408.0281.

The division requested the missing contract and a copy of the notice on October 19, 2018. Specifically, the division requested a copy of the contract between Family Care Pharmacy Network (network) and IWP; and a copy of the notice to IWP.

We note that Labor Code §408.0281 states that an insurance carrier **shall** provide copies of each contract and the notice to the division upon request. Furthermore, ***if the requested information is not provided to the division, the insurance carrier may be required to pay fees in accordance with the division's fee guidelines.***

Arrowood Indemnity Co failed to provide a copy of the contract between Family Care Pharmacy Network and Injured Workers Pharmacy, nor did it provide proof that it notified IWP in the manner required by [§408.0281 \(d\) and \(e\)](#). We conclude that the Family Care Pharmacy Network discount does not apply in this case. Arrowood Indemnity Co is therefore required to pay fees in accordance with the division's pharmacy fee guideline.

2. What is the total reimbursement for the service in dispute?

Arrowood Indemnity Co is required to pay the fees described at Rule §134.503 paragraph (c) as follows:

- (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.

Review of the reimbursement worksheet provided by IWP finds that the calculations were correctly applied in accordance with Rule §134.503(c)(1)(A) for the generic drugs in dispute and using the AWP specified by IWP.

The division concludes that the requested additional payment of \$3,451.73 is due.

Decision

IWP met its burden to prove that the amount of payment it seeks from Arrowood Indemnity Co is due. Consequently, Arrowood Indemnity Co is ordered to pay \$3,451.73, plus applicable accrued interest per 28 TAC §134.130

DIVISION ORDER

The undersigned has been delegated authority by the Commissioner of the Division of Workers’ Compensation to sign this official order. The division hereby ORDERS Arrowood Indemnity to pay \$3,451.73 plus interest to IWP within 30 days of receipt of this order.

Authorized Signature

		April 11, 2019
Signature	Medical Fee Dispute Resolution Director	Date

RIGHT TO APPEAL

Either party to this medical fee dispute may seek review of this Division decision. To appeal, submit form DWC Form-045M titled ***Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*** found at <https://www.tdi.texas.gov/forms/form20numeric.html>.

Follow the instructions on pages 3 and 4. The request must be received by the division within twenty days of your receipt of this decision. This decision becomes final if the request for review of this decision is not timely made.

The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to 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 you may email your question to CompConnection@tdi.texas.gov

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, Option 1.