

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Injured Workers Pharmacy, LLC

Respondent Name

Fort Worth Transportation Authority

MFDR Tracking Number

M4-23-0787-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 1, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 24, 2022	Amitriptyline HCl 50 mg Tablets NDC 16714044802	\$118.18	\$118.17
	Gabapentin 600 mg Tablets NDC 16714033002	\$856.26	\$856.26
	Duloxetine HCl DR 30 mg Capsules NDC 57237001899	\$887.31	\$887.31
January 25, 2022	Prazosin 5 mg Capsules NDC 70954002120	\$495.13	\$495.12
February 2, 2022	Duloxetine HCl DR 60 mg Capsules NDC 27241009990	\$887.31	\$887.31
April 19, 2022	Amitriptyline HCl 50 mg Tablets NDC 16714044802	\$118.18	\$118.17
	Prazosin 5 mg Capsules NDC 70954002120	\$495.13	\$495.12
	Gabapentin 600 mg Tablets NDC 16714033002	\$856.26	\$856.26
	Duloxetine HCl DR 30 mg Capsules NDC 57237001899	\$887.31	\$887.31
April 27, 2022	Duloxetine HCl DR 60 mg Capsules NDC 27241009990	\$887.31	\$887.31
Total		\$6,488.38	\$6,488.33

Requestor's Position

I am filing the dispute, because our pharmacy has not received payment or any corresponding Explanation of Benefits for the dates in question. I have reached out to the adjuster and her supervisor on several occasions with no response via email or call back. I attached the bills to the email to the carrier to ensure they received them, but still no response, payment, or denial.

Amount in Dispute: \$6,488.38

Respondent's Position

The Austin carrier representative for Fort Worth Transportation Authority is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 13, 2022.

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 Texas Administrative Code §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 §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

Issues

1. Did Fort Worth Transportation Authority take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Injured Workers Pharmacy, LLC entitled to additional reimbursement?

Findings

1. Injured Workers Pharmacy, LLC is seeking reimbursement for drugs dispensed between January 24, 2022, and April 27, 2022. The requestor argued that it had not received payment or an explanation of denial for medical bills submitted for the examination in question.

Per 28 TAC §133.240 (a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. Because Fort Worth Transportation Authority failed to provide any defense for non-payment of the service in this dispute, DWC finds that Fort Worth Transportation Authority is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503 (c). The formula used for generic drugs based on the average wholesale price (AWP) is as follows: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount.

Date	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
1/24/2022	Amitriptyline HCl 50 mg	16714044802	G	\$1.01486	90	\$118.17	\$118.18	\$118.17
1/24/2022	Gabapentin 600 mg	16714033002	G	\$2.52522	270	\$856.26	\$856.26	\$856.26
1/24/2022	Duloxetine HCl DR 30 mg	57237001899	G	\$7.85160	90	\$887.31	\$887.31	\$887.31
1/25/2022	Prazosin 5 mg	70954002120	G	\$2.18276	180	\$495.12	\$495.13	\$495.12
2/2/2022	Duloxetine HCl DR 60 mg	27241009990	G	\$7.85160	90	\$887.31	\$887.31	\$887.31
4/19/2022	Amitriptyline HCl 50 mg	16714044802	G	\$1.01486	90	\$118.17	\$118.18	\$118.17
4/19/2022	Prazosin 5 mg	70954002120	G	\$2.18276	180	\$495.12	\$495.13	\$495.12
4/19/2022	Gabapentin 600 mg	16714033002	G	\$2.52522	270	\$856.26	\$856.26	\$856.26
4/19/2022	Duloxetine HCl DR 30 mg	57237001899	G	\$7.85160	90	\$887.31	\$887.31	\$887.31
4/27/2022	Duloxetine HCl DR 60 mg	27241009990	G	\$7.85160	90	\$887.31	\$887.31	\$887.31
							Total	\$6,488.33

The total allowable reimbursement for the drugs in question is \$6,488.33. 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 of \$6,488.33 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Fort Worth Transportation Authority must remit to Injured Workers Pharmacy, LLC \$6,488.33 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

March 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.