



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

Ace American Insurance Co

MFDR Tracking Number

M4-23-2685-01

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
January 13, 2023	50228-0436-05 Naproxen 500 mg tablet	\$125.92	\$0.00
January 13, 2023	31722-0581-60 Duloxetine HCL Dr 20 mg	\$267.20	\$0.00
		\$393.12	\$0.00

Requestor's Position

"The explanation of benefits indicates that carrier paid \$102.53 and not the full amount of \$583.77. This claim should be processed with the full amount billed as per **Administrative Labor Code 134.503(c).**"

Amount in Dispute: \$393.12

Respondent's Position

"The Carrier does not have record of receiving the DWC066 reflecting the charges for the two prescriptions at issue. The Carrier has placed the bill in line for audit and payment under Fee Guideline, and will supplement this Response upon completion of that process".

Supplemental response submitted September 5, 2023

"Carrier has previously responded to this dispute on 07/14/2023. The Carrier had no record of receipt of the subject bill, and has now audited and paid the bill per fee guideline. See attached EOB. The Requestor should reconcile payment and request this dispute be WITHDRAWN."

Response submitted by: Flahive, Ogden & Latson

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

- P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
- 4282 – Drugs identified with a status of "Y" in the current edition of the "Official Disability Guidelines Treatment in Workers' Comp" (ODG)/Appendix A, "ODG Workers' Compensation Drug Formulary" identify a drug that can dispensed without preauthorization. The allowance has been determined in according to the pharmacy fee guidelines.

Issues

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

Findings

1. The requestor is seeking reimbursement for the oral medication Naproxen and Duloxetine dispensed on January 13, 2023. The insurance company submitted evidence of payment of these disputed codes on January 26, 2023 in the amount of \$355.66. The requestor wished to continue with medical fee dispute resolution.
2. 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
Naproxen	50228043605	G	\$1.14	60	\$89.53	\$125.92	\$89.53
Duloxetine	31722058160	G	\$6.99	30	\$266.13	\$267.20	\$266.13
						\$393.12	\$355.66

The total reimbursement is \$355.66. The insurance carrier paid \$355.66. No additional payment 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 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

September 8, 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.