

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Injured Workers Pharmacy  
LLC

**Respondent Name**

Fedex Ground Package System Inc

**MFDR Tracking Number**

M4-23-2947-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

July 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 4, 2022	16714017101	\$141.46	\$141.46
August 4, 2022	51660002944	\$50.54	\$50.54
August 4, 2022	65162046450	\$48.16	\$48.16
August 5, 2022	72205001590	\$320.02	\$320.02
November 15, 2022	50488112901	\$1,065.83	\$1,065.83
December 16, 2022	51660002944	\$50.54	\$50.54
December 16, 2022	65162046450	\$48.16	\$48.16
December 16, 2022	16714017101	\$141.46	\$141.46
December 16, 2022	72205001590	\$320.02	\$320.02
March 6, 2023	59762135101	\$952.08	\$952.08
March 6, 2023	65162046450	\$136.47	\$136.47
March 6, 2023	51660002944	\$143.61	\$143.61
March 13, 2023	50488112901	\$1,065.83	\$1,065.83
<b>Total</b>		<b>\$4,484.18</b>	<b>\$4,484.18</b>

### Requestor's Position

"Our pharmacy has mailed, faxed, and emailed the bills with no payment, denial, or explanation of review from the insurance carrier. We verified the mailing address on several occasions, and

we always bill the day after we fill the medication. I also faxed all the bills In March 2023 and emailed them to the carrier in May 2023. To date, we have not received any EOB.”

**Amount in Dispute:** \$4,484.18

## **Respondent's Position**

The Austin carrier representative for Fedex Ground Package System is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on August 1, 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.240](#) sets out the guidelines for medical payments and denials.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

### Denial Reasons

Neither party submitted documentation to support the disputed services had been adjudicated.

### Issues

1. Did Fedex Ground Package System Inc take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. What is the rule applicable to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. The requestor is seeking reimbursement of pharmacy services for dates of service August 4, 2022, August 5, 2022, November 15, 2022, December 16, 2022, and March 6, 2023. DWC Rule TAC 133.240 (a) states, “An insurance carrier shall take final action after conducting bill review

on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation.”

Review of the submitted documentation found the respondent, (Fedex Ground Package System) did not support adjudication of the disputed services or submit a position statement to detail why payment was not paid. The disputed services will be reviewed per applicable fee guideline.

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: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs: ((AWP per unit) x (number of units) x 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
Tizanidine	16714017101	G	\$1.22	90	\$141.46	\$141.46	\$141.46
Omeprazole	51660002944	G	\$0.62	60	\$50.54	\$50.54	\$50.54
Ibuprofen	65162046450	G	\$0.39	90	\$48.16	\$48.16	\$48.16
Pregabalin	72205001590	G	\$8.42	30	\$320.02	\$320.02	\$320.02
New Terocin Lotion	50488112901	G	\$4.059	240	\$1,221.70	\$1,065.83	\$1,065.83
Omeprazole	51660002944	G	\$0.62	60	\$50.54	\$50.54	\$50.54
Ibuprofen	65162046450	G	\$0.39	90	\$48.16	\$48.16	\$48.16
Pregabalin	72205001590	G	\$8.42	30	\$320.02	\$320.02	\$320.02
Tizanidine	16714017101	G	\$1.22	90	\$141.46	\$141.46	\$141.46
Pregabalin	59762135101	G	\$8.427	90	\$952.09	\$952.08	\$952.08
Ibuprofen	65162046450	G	0.39	270	\$136.47	\$136.47	\$136.47
Omeprazole	51660002944	G	0.62	180	\$143.61	\$143.61	\$143.61
New Terocin Lotion	50488112901	G	\$4.059	240	\$1,221.70	\$1,065.83	\$1,065.83
						\$4,484.18	\$4,484.18

3. The total allowable for the disputed services is \$4,484.18. 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 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Fedex Ground Package System Inc must remit to Injured Workers Pharmacy LLC \$4,484.18 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

_____	_____	October 27, 2023
Signature	Medical Fee Dispute Resolution Officer	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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).