

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ SCRIPTS LLC

Respondent Name

AMERICAN ZURICH INSURANCE

MFDR Tracking Number

M4-23-3139-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 20, 2023	METHYLPREDNISOLONE	\$41.54	\$41.52

Requestor's Position

"Payment was received on all bills except METHYLPREDNISOLONE 4MG ON 7/20/23."

Amount in Dispute: \$41.54

Respondent's Position

"The bills in dispute have all been paid. See attached EOBs. The Requestor should reconcile payment and WITHDRAW this request."

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 Texas Administrative Code(TAC) [§133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC [§134.503](#) sets out the pharmacy fee guideline.

Denial Reasons

The insurance carrier or denied the payment for the disputed services with the following claim adjustment codes:

- GF (W3) – Additional payment made on appeal/reconsideration
- D3 (P12) – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug.

Issues

1. What are the dates of services in dispute?
2. Is EZ SCRIPTS LLC entitled to reimbursement?

Findings

1. The requestor submitted a dispute request for reimbursement for dates of services March 9, 2023; April 6, 2023; April 27, 2023; May 4, 2023; May 25, 2023; June 5, 2023; June 8, 2023; June 22, 2023; July 5, 2023 and July 20, 2023. Documentation provided supports that the insurance carrier issued payment for dates of service March 9, 2023 through July 5, 2023. The requestor indicates that payment has not been issued for the date of service July 20, 2023 for Methylprednisolone. Therefore, the date of service July 20, 2023 for Methylprednisolone will only be reviewed.
2. EZ SCRIPTS LLC is requesting reimbursement for METHYLPREDNISOLONE dispensed on July 20, 2023.

DWC Rule 28 TAC §134.503(c)(1)(A) states:

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;

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Methylprednisolone	59762444002	G	\$1.43	21	\$41.52	\$41.54	\$41.52
						Total	\$41.52

The total reimbursement is \$41.52. 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 reimbursement of \$41.52 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 AMERICAN ZURICH INSURANCE must remit to EZ SCRIPTS LLC \$41.52 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



November 9, 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. 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.