



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

M4-24-0106-01

Carrier's Austin Representative

Box 19

DWC Date Received

September 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 22, 2022 to April 6, 2023	Pharmacy Services	\$7,348.66	\$3,125.63

Requestor's Position

"...our pharmacy has not received an EOB, payment, denial letter or any correspondence for the pharmacy dates in question. We have mailed, faxed and emailed the pharmacy bills with no response. We called Sedgwick and confirmed the mailing address on several occasions. ...Please also be advised the non-formulary drug ONDANSETRON ODT 8 MG TABLET, NDC 16714020130 on DOS 4/6/23 was pre-authorized and approved under pre auth # 5042099 from 3/31/32 [sic] through 4/30/23."

Amount in Dispute: \$7,348.66

Respondent's Position

The Austin carrier representative for Fedex Ground Package System Inc is Flahive, Ogden and Latson. The representative was notified of this medical fee dispute on September 19, 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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.530](#) sets out the requirements of prior authorization.
3. [28 TAC §133.240](#) sets out the requirements of medical bill processing by insurance carrier.
4. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

Neither party submitted evidence of adjudication of the disputed services.

Issues

1. Did the requestor support prior authorization of a "N" Drug?
2. Did the respondent process the claim per applicable DWC claims processing rule(s)?
3. What rule(s) apply to disputed services and what is the reimbursable amount?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed from September 2022 through April 2023. One of the medications in dispute is Ondansetron ODT 8 mg for date of service April 6, 2023.

DWC Rule 28 TAC §134.530 (b)(1)(A) states in pertinent parts, "Preauthorization is only required for: drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates.

Review of the applicable Appendix A, ODG Workers' Compensation Drug Formulary for April 2023 found that Ondansetron ODT is a "N" drug and would require preauthorization.

Per the requestor's position statement, "ONDANSETRON ODT 8 MG TABLET, NDC

16714020130 on DOS 4/6/23 was pre-authorized and approved under pre auth # 5042099 from 3/31/32 [sic] through 4/30/23."

However, insufficient evidence was found to support the required authorization was received. No payment can be recommended for the Ondansetron. The remaining services in dispute will be reviewed per applicable fee guideline.

2. DWC Rule 28 TAC §133.204 (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." The respondent submitted no documentation or position statement in support of meeting the requirements of medical bill processing. The remaining services in dispute will be reviewed for reimbursement per applicable fee guideline.
3. DWC Rule 28 TAC §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;

Using the above rule, reimbursement is recommended at the lesser of the AWP and the amount billed per the below chart.

Drug	NDC	Date of Dispense	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Gabapentin 300 mg	16714066202	9/23/2022	G	0.76	60	\$61.04	\$61.05	\$61.04
Omeprazole 20 mg	51660002944	9/23/2022	G	0.62	30	\$27.27	\$27.27	\$27.27
Tramadol HCL 50 mg	57664037713	9/23/2022	G	0.816	60	\$65.24	\$65.25	\$65.24
Cyclobenzaprine 5mg	52817033050	9/23/2022	G	1.64	30	\$65.52	\$65.52	\$65.52
Celecoxib 200 mg	16714073302	9/23/2022	G	6.296	60	\$476.27	\$476.27	\$476.27
Celecoxib 200 mg	16714073302	10/20/2022	G	6.296	60	\$476.27	\$476.27	\$476.27

Tramadol HCL 50mg	57664037718	10/22/2022	G	0.816	60	\$63.72	\$63.72	\$63.72
Cyclobenzaprine 5 mg	52817033050	12/14/2022	G	1.64	30	\$65.52	\$65.52	\$65.52
Gabapentin 300 mg	16714066202	12/14/2022	G	0.76	60	\$61.04	\$61.05	\$61.04
Omeprazole Dr 20 mg	5166002944	12/14/2022	G	0.62	30	\$27.27	\$27.27	\$27.27
Celecoxib 200 mg	16714073302	12/14/2022	G	6.296	60	\$476.27	\$476.27	\$476.27
Celecoxib 200 mg	16714073302	1/18/2023	G	6.296	60	\$476.27	\$476.27	\$476.27
Omeprazole 20 mg	51660002944	1/18/2023	G	0.62	30	\$27.27	\$27.27	\$27.27
Cyclobenzaprine 5 mg	52817033050	1/18/2023	G	1.64	30	\$65.52	\$65.52	\$65.52
Gabapentin 300 mg	16714066202	1/18/2023	G	0.76	60	\$61.04	\$61.05	\$61.04
Gabapentin 300 mg	16714066202	3/16/2023	G	0.76	60	\$61.04	\$61.05	\$61.04
Cyclobenzaprine 5mg	52817033050	3/16/2023	G	1.64	30	\$65.52	\$65.52	\$65.52
Celecoxib 200 mg	16714073302	3/16/2023	G	6.296	60	\$476.27	\$476.27	\$476.27
Omeprazole 20 mg	51660002944	3/16/2023	G	0.62	30	\$27.27	\$27.27	\$27.27
							Total	\$3,125.63

The total reimbursement is \$3,125.63. 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 reimbursement for the disputed services. It is ordered that Fedex Ground Package System Inc must remit to Injured Workers Pharmacy LLC \$3,125.63 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

January 2, 2024
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.