

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ SCRIPTS LLC

Respondent Name

CITY OF SAN ANTONIO

MFDR Tracking Number

M4-24-0583-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 9, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 13, 2022	Acetaminophen-Codeine 300-30 mg	\$148.50	\$148.50
December 28, 2022			
January 16, 2023			
February 1, 2023			
February 21, 2023			
March 14, 2023			
March 31, 2023			
April 20, 2023			
July 12, 2023			
Total		\$148.50	\$148.50

Requestor's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts which were submitted t[sic] the above listed carrier in a timely manner after each prescription was filled. In turn, this carrier has effectively refused to pay the enclosed invoices per adjuster decision as they are stating the following that the medications, we dispensed are unrelated."

Amount in Dispute: \$148.50

Respondent's Position

"The total reimbursement is \$34.70. The insurance carrier paid \$34.70 on each date of service in dispute. No additional payment is recommended."

Response Submitted by: IMO Managed Care

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 [§133.307](#) 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:

- P12 – Workers' compensation jurisdictional fee schedule adjustment
- Note: The billed amount for drug or supply exceeds Medispan allowance.

Issues

1. Is EZ SCRIPTS LLC entitled to reimbursement?

Findings

1. EZ SCRIPTS LLC is requesting reimbursement for Acetaminophen-Codeine dispensed on December 13, 2022; December 28, 2022; January 16, 2023, February 1, 2023; February 21, 2023; March 14, 2023; March 31, 2023; April 20, 2023 and July 12, 2023. The insurance carrier issued a partial payment of \$34.70 for each disputed date of service. The requestor seeks an additional payment of \$16.50 for each date of service.

DWC Rule 28 Texas Administrative Code §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
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
Acetaminophen/Codeine	00406048401	G	\$0.95	40	\$51.56	\$51.20	\$51.20
						Total	\$460.80

The total reimbursement is \$460.80. Insurance carrier made a payment in the amount of \$312.30. The recommended reimbursement amount is \$148.50.

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 \$148.50 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 City of San Antonio must remit to EZ Scripts LLC \$148.50 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



December 6, 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.