

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MEMORIAL WELLNESS
PHARMACY

Respondent Name

QBE INSURANCE CORPORATION

MFDR Tracking Number

M4-24-0626-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 15, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 10, 2023	Diclofenac Sodium 1 % Gel	\$115.85	\$76.94

Requestor's Position

"The above patient was prescribed medication and the carrier received and processed the bill. Carrier denied the claim and the provider submitted a request for reconsideration. The request for reconsideration in accordance with Rule 133.250 was submitted to the carrier but the claim was processed and denied again."

Amount in Dispute: \$115.85

Respondent's Position

The insurance carrier did not respond to the DWC-60 the requestor submitted.

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:

- B13:60 Previously paid. Payment for this claim/service may have been provided in a previous payment
- P12:ZR – Workers' Compensation jurisdictional fee schedule adjustment
- P12:XD – Workers' Compensation jurisdictional fee schedule adjustment
- VPAD – Claim/service lacks information which is needed for adjudication

Issues

1. Did the insurance carrier respond to the requestor's DWC-60 dispute request?
2. Is MEMORIAL COMPOUNDING RX entitled to reimbursement?

Findings

1. The Austin carrier representative for QBE Insurance Corporation is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on November 21, 2023. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).
2. MEMORIAL WELLNESS PHARMACY is requesting reimbursement for Diclofenac Sodium 1 % Gel dispensed on March 10, 2023.

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;

NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
21922000909	G	\$0.58	100	\$76.94	\$115.85	\$76.94
					Total	\$76.94

The total reimbursement is \$76.94. 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 of \$76.94 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 QBE Insurnace Coroporation must remit to Memorial Wellness Pharmacy \$76.94 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



January 30, 2024

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.