



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

Pennsylvania Manufacturers Association Insurance Co

MFDR Tracking Number

M4-23-2663-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

July 19, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 6, 2023	71093-0161-05 Gabapentin Cap 100mg	\$73.40	\$23.88
		\$73.40	\$23.88

Requestor's Position

"I have attached the EOB's as well as the documentation to prove that Memorial Wellness Pharmacy has met the requirements to receive reimbursement."

Amount in Dispute: \$73.40

Respondent's Position

"The Carrier has placed this bill back in line for audit and payment per fee guideline. The Carrier will supplement this Response with EOBs generated, and ask that the dispute be withdrawn upon reconciliation by the Requestor."

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 fee guidelines for pharmacy services.

Denial Reasons

- 75 - Prior authorization required
- 70 - Drug not on formulary
- 85 - Claim not processed
- 65 - Patient is not covered
- 77 - Discontinued NDC number
- 27 -Expenses incurred after coverage terminated

Issues

1. Did the insurance carrier maintain their denial?
2. What rule(s) apply to the disputed services?
3. Is the requestor entitled to payment?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed on January 6, 2023. The respondent states in their position statement, "...bill back in line for audit and payment per fee guideline." The carrier's previous denials were not maintained and payment was not received. This disputed charge will be reviewed per applicable fee guideline.
2. 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: ((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
Gabapentin	71093-0161-05	G	0.53	30	\$23.88	\$73.40	\$23.88
						\$73.40	\$23.88

The total reimbursement is \$23.88. 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 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 Pennsylvania Manufacturers Association Insurance Company, must remit to Memorial Wellness Pharmacy \$23.88 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

October 31, 2023

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.