



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness
Pharmacy

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-24-0899-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 26, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2023	71093-0120-05 Gabapentin Cap 100mg	\$73.40	\$23.88
Total		\$73.40	\$23.88

Requestor's Position

"The original claim has been **PARTIALLY PAID**. An **appeal** was submitted to the carrier on **10/16/2023**. See attached 2 denials for processing. The later explanation of benefits processed on 09/18/2023 does not state a denial code. There were not any additional code changes or services rendered. Therefore, the carrier cannot change from the original denial. A provider must be able to address the bill properly for continued care."

Amount in Dispute: \$73.40

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 3, 2024.

Per 28 TAC §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. A review is conducted with the information contained in the dispute.

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 §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

The submitted explanation of benefits (EOBs) for the disputed service identifies the prescription in dispute, however, does not contain an explanation for the non-payment, and identifies a zero amount in "Amount Paid" field.

Issues

1. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed on August 29, 2023. The respondent did not respond to the DWC060 request. The service in dispute will be reviewed per the applicable fee guideline.

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: ((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 100mg	71093012005	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 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 AIU Insurance Co 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

March 14, 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.