TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
EZ Scripts LLC

Respondent Name
Carolina Casualty Insurance Co

MFDR Tracking Number
M4-24-1464-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
March 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 20, 2023	69292-0550-01	$37.60	$37.60
		$37.60	$37.60

Requestor's Position

"The carrier is refusing to issue payment at the fee schedule the medication Diclofenac Potassium 50 MG. The insurance carrier issued a partial payment for the disputed date of service."

Amount in Dispute: $37.60

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Supplemental response issue April 15, 2024

"Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bill(s) in question was/were escalated and a review completed. Our bill audit company has determined additional monies are owed in the amount of $35.38. Interest in the amount of $0.00 has been added. Attached are an updated copy of the Explanation of Benefits

and payment summaries for your records."

Response submitted by: Gallagher Bassett

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

- 5721 – To avoid duplicate bill denial for all reconsideration/adjustments/additional payment requests, submit a copy of this EOR or clear notat(illegible).
- 90223 – Workers' compensation jurisdictional fee schedule adjustment.
- P12 – Workers' Compensation Jurisdictional fee schedule adjustment.
- 4382 – Drugs identified with a status of "Y" in the current edition of the "Official disability guidelines treatment in workers' Comp (ODG/Appendix A, "ODG Workers".

Issues

1. Did the requestor support the claim that an additional payment was made?
2. What rule(s) apply to disputed services?

Findings

1. The respondent states in their position statement, "Our bill audit company has determined additional monies are owed in the amount of $35.38. …Attached are an updated copy of the Explanation of Benefits and payment summaries for your records." A review of the submitted documentation included a check dated May 10, 2023. This is the original payment. Insufficient evidence was found to support an additional payment was made. The respondent's position is not supported. The disputed service will be reviewed per applicable fee schedule.
2. The requestor is seeking reimbursement for the medication Diclofenac Potassium 50mg dispensed April 20, 2023. The insurance carrier made a reduction based on the workers' compensation fee schedule.

   The applicable fee guideline calculation is shown below.

   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
Diclofenac Potassium	69292055001	G	2.759	20	$72.98	$72.98	$72.98
						$72.98	$72.98

The total reimbursement is $72.98. The insurance carrier paid $35.38. A balance of $37.60 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 $0.00 reimbursement for the disputed services. It is ordered that Carolina Casualty Insurance Co must remit to EZ Scripts, LLC $37.60 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	June 5, 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 electronico CompConnection@tdi.texas.gov.