



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Wellness Pharmacy

**Respondent Name**

Truck Insurance Exchange

**MFDR Tracking Number**

M4-24-1657-01

**Carrier's Austin Representative**

Box Number 14

**DWC Date Received**

April 2, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 17, 2023	Diclofenac Sodium 1% Gel NDC: 69097-0524-44	\$110.12	\$69.78

### Requestor's Position

"The carrier denied the reconsideration based on PARTIAL PAYMENT..."

Excerpt from the reconsideration request: "Please note, ProximaRX is submitting this appeal only for the following medication: DICLOFENAC SODIUM 1% GEL QUANTITY: 100 NDC: 69097-0524-44."

**Amount in Dispute:** \$110.12

### Respondent's Position

The Austin carrier representative for Truck Insurance Exchange is Farmers Insurance Group. The representative was notified of this medical fee dispute on April 10, 2024. Per 28 Texas Administrative Code §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. We will base this decision on the information available.

## 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 pharmaceutical services.
3. [28 TAC §133.240](#) sets out guidelines for medical bill processing and audits by insurance carriers. vide

### Denial Reasons

No denial reasons were provided on the explanation of benefits (EOB) document submitted, for the drug in dispute.

### Issues

1. Did the insurance carrier take final action on the medical bill for the service in dispute, in accordance with 28 TAC §133.240?
2. Is the requestor entitled to reimbursement for the disputed drug, Diclofenac Sodium 1% Gel, dispensed on October 17, 2023?

### Findings

1. The requestor is seeking reimbursement for Diclofenac Sodium 1% Gel x 100 units, dispensed on October 17, 2023.

A review of the submitted documentation finds that the medical bill for the disputed drug was sent to and received by the insurance carrier on October 23, 2023.

Per 28 TAC §133.240, which sets out guidelines for medical bill processing by insurance carriers, an insurance carrier must take final action or determine to audit the medical bill not later than the 45th day after the date the insurance carrier received a complete medical bill.

28 TAC §133.307 (d), which sets out medical fee dispute resolution (MFDR) procedures, requires that the respondent must provide, in its response to the request for MFDR, any missing information not provided by the requestor and known to the respondent. In pertinent part, 28 TAC §133.307 (d)(2) states, "...The respondent must also provide the following information and records... (B) all initial and appeal EOBs related to the dispute as originally submitted to the health care provider in accordance with this chapter, related to the health care in dispute not submitted by the requester, or a statement certifying that the

respondent did not receive the health care provider's disputed billing before the dispute request...”

A review of the submitted documents finds no evidence of an EOB on record to notify the requestor of payment or denial of the drug in dispute. Therefore, DWC finds that the insurance carrier did not take final action on the medical bill for the service in dispute in accordance with 28 TAC §133.240.

The division finds that the requestor submitted sufficient documentation to support that the requirements of 28 TAC 133.307 (c) (2) (K) were met, as a result, the services in dispute are eligible for review.

- 2. The requestor is seeking reimbursement for the drug Diclofenac Sodium 1% Gel x 100 units, dispensed on October 17, 2023.

28 TAC §134.503(c) which applies to reimbursement of the drug in dispute, states, “(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; ...

(2) notwithstanding §133.20(e)(1) of this title (relating to Medical Bill Submission by Health Care Provider), the amount billed to the insurance carrier by the:

- (A) health care provider; or (B) pharmacy processing agent...”

Using the calculation above, DWC finds the following:

Drug	NDC	Generic (G)/ Brand (B)	Price/Unit	AWP Formula	Billed Amount	Lesser of AWP and Billed Amount
Diclofenac Sodium gel 1% x 100 units	69097-0524-44	G	\$0.52620	\$69.78	\$110.12	\$69.78

DWC finds that the requestor is entitled to reimbursement in the amount of \$69.78.

### 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 requestor has established that reimbursement in the amount of \$69.78 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed service. It is ordered that Truck Insurance Exchange must remit to Memorial Wellness Pharmacy \$69.78 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### Authorized Signature

June 14, 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](http://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, call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto: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](mailto:CompConnection@tdi.texas.gov).