



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-24-1708-01

Carrier's Austin Representative

Rep Box 19

DWC Date Received

April 9, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2023	NDC # 00406-0484-01	\$67.01	\$15.89
July 26, 2023	NDC # 00185-0141-01	\$277.34	\$277.34
July 26, 2023	NDC # 70010-0770-05	\$78.19	\$29.86
Total		\$422.54	\$323.09

Requestor's Position

"Memorial Wellness Pharmacy has received several denials for the bill with date of service 07/26/2023. The carrier denied the original bill as well as the reconsideration based on (PAID IN FULL AND DUPLICATE). Memorial did not receive any additional denial codes for the rejection of this bill from the carrier."

Amount in Dispute: \$ 422.54

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on April 16, 2024. 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).

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 \(TAC\) §133.305](#) sets out the general procedures for medical dispute resolution.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 18 – Exact duplicate claim/service
- 83 – Claim previously processed
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- PP – Paid in full – no adjustment to charged amount.

Issues

1. Did the insurance carrier support adjudication of the claim?
2. What rule is applicable to reimbursement?
3. Is requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of medications dispensed in July of 2023. The insurance carrier did not respond to this request for MFDR. The documentation submitted by the requestor indicates on August 27, 2023 an Explanation of Benefits with Remit id: 456722

for a recommended payment amount of \$323.09. The requestor indicates this payment was never received. As the respondent did not support this payment with a position statement or copy of the deposited check, these services will be reviewed per applicable fee guidelines.

2. DWC Rule 28 Texas Administrative Code §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: $((\text{AWP per unit}) \times (\text{number of units}) \times 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
Acetaminophen/ Cod #3	00406048401	G	0.951	10	\$15.89	\$67.01	\$15.89
Oxaprozin	00185014101	G	3.66	60	\$278.80	\$277.34	\$277.34
Methocarbamol	70010077005	G	0.689	30	\$29.86	\$78.19	\$29.86
						\$422.54	\$323.09

3. The total reimbursement is \$323.09. 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 additional reimbursement for the disputed services. It is ordered that AIU Insurance must remit to Memorial Wellness Pharmacy \$323.09 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 17, 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.