



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-24-1835-01

Carrier's Austin Representative

Rep Box 15

DWC Date Received

April 22, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|-----------------|
| May 11, 2023 | NDC # 00093094801 | \$210.95 | \$210.95 |
| June 7, 2023 | NDC # 31722053401 | \$112.90 | \$112.90 |
| Total | | \$323.85 | \$323.85 |

Requestor's Position

"I have attached the bill for DOS 05/11/23 for reconsideration. Attached is the bill, a copy of the prescriptions, and the ORIGINAL denial. According to the Texas ODG form DICLOFEN is 'Y' statuses and do NOT require Prior Authorization."

Amount in Dispute: \$323.85

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co of North America is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on April 30, 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 §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:

- HE83 – Duplicate paid/captured claim.
- HEPO – The prescribing / ordering provider is not eligible to prescribe/order the service billed.

Issues

1. Is the insurance carrier denial reason supported?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor is seeking reimbursement in the amount of \$323.85 for the disputed medications dispensed on May 11, 2023, and June 7, 2023. The insurance carrier is denying reimbursement due to prescribing/ordering provider is not eligible to prescribe/order the service billed. The insurance carrier did not submit a response to medical fee dispute resolution to support the claim that the prescribing/ordering provider is not eligible to prescribe/order the service billed. A review of the documentation contained in the dispute finds insufficient evidence to support the carrier's denial, as a result, the requestor is entitled to reimbursement.
2. 28 TAC §134.503 (c) states the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of 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:

- Generic drugs: ((AWP per unit) x (number of units) x 1.25) + \$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 Amt |
|-------------------------|-------------|-------------------------|-----------------|-----------------|-------------|------------|------------------------------------|
| Diclofenac Potassium | 00093094801 | G | 2.75930 | 60 | \$210.95 | \$210.95 | \$210.95 |
| Methocarbamol | 31722053401 | G | 0.72600 | 120 | \$112.90 | \$112.90 | \$112.90 |
| TOTAL | | | | | \$323.85 | \$323.85 | \$323.85 |

The total reimbursement of \$323.85 is due.

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 of \$323.85 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement. It is ordered that respondent must remit to the requestor \$323.85 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 21, 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, 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.