



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Trust Rx Pharmacy

**Respondent Name**

AIU Insurance Co.

**MFDR Tracking Number**

M4-24-1893-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

April 26, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 1, 2023	Gabapentin 300mg NDC: 50228-0180-01	\$103.90	\$103.90
<b>Total</b>		\$103.90	\$103.90

### Requestor's Position

Excerpt from a reconsideration request dated August 17, 2023: "I have attached the bill for DOS 05/01/23 for medication GABAPENTIN for processing of payment. On the Texas ODG form these medications are 'Y' status and do NOT require Prior Authorization. I HAVE ALSO ATTACHED THE ONLY 2 DENIALS WE HAVE RECEIVED FOR THIS DOS. EVEN AFTER SPEAKING WITH OPTUM THEY WERE UNABLE TO LOCATE ANY OTHER DENIALS."

**Amount in Dispute:** \$103.90

### Respondent's Position

"The medical bills were denied because the provider had billed for the services on a previous bill."

**Response Submitted by:** Flahive, Ogden & Latson

## 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 §133.240](#) sets out the procedures for medical bill processing by insurance carriers.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

### Adjustment Reasons

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

- HE83 – Duplicate Paid/Captured Claim
- N3(B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
- 60(B13) – The provider has billed for the exact services on a previous bill. Previously paid. Payment for this claim/service may have been provided in a previous payment.
- ZR(P12) – The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

### Issues

1. Is the insurance carrier's denial reason(s) supported?
2. Is the requestor entitled to reimbursement for the drug in dispute?

### Findings

1. The requestor, Trust Rx Pharmacy, billed the insurance carrier in the amount of \$103.90 for the disputed drug, Gabapentin 300mg x 60 units, dispensed on May 1, 2023.

Per the submitted explanation of benefits (EOB) and the respondent's position statement, the insurance carrier denied the disputed charges based on duplicate billing and previously paid claim.

A review of the submitted documentation finds that the insurance carrier first received the bill on May 4, 2023. The first review of the claim and first denial for duplicate billing and previous payment was May 12, 2023, per the EOBs submitted. A review of the submitted

documentation finds no evidence to support that this claim had been previously billed or paid. Therefore, DWC finds that the insurance carrier's denial reason is not supported.

2. The requestor is seeking reimbursement in the total amount of \$103.90 for Gabapentin 300mg x 60 units dispensed on May 1, 2023. Because the insurance carrier failed to support its denial of reimbursement or that the bill had been previously paid, DWC finds that Trust Rx Pharmacy is entitled to reimbursement.

DWC finds that 28 TAC §134.503(c) applies to the reimbursement of the drugs in dispute, which 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; ..."

In accordance with 28 TAC §134.503(c) DWC finds that the following reimbursement calculations apply:

For the generic drug Gabapentin 300mg x 60 units, dispensed on May 1, 2023:

- AWP per unit = 1.33200; units dispensed = 60
- The maximum allowable reimbursement (MAR) is calculated according to 28 TAC §134.503 (c) using the generic drug formula above:  
Gabapentin 300mg: (1.33200 AWP x 60 units x 1.25) + \$4.00 = \$103.90 MAR
- DWC finds that the requestor is entitled to reimbursement in the amount of \$103.90 for 60 units of Gabapentin 300mg, dispensed on May 1, 2023.

DWC finds that the requestor is entitled to reimbursement in the amount of \$103.90 for the disputed drug dispensed on May 1, 2023.

### 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 that the requestor has established that reimbursement in the amount of \$103.90 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 AIU Insurance Co. must remit to

Trust Rx Pharmacy \$103.90 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## Authorized Signature

May 30, 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, please 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)