



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

General Motors LLC

MFDR Tracking Number

M4-24-1998-01

Carrier's Austin Representative

Rep Box 47

DWC Date Received

May 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 31, 2023	NDC # 52817033200	\$85.86	\$257.49
July 5, 2023	NDC # 52817033200	\$85.86	
August 2, 2023	NDC # 52817033200	\$85.86	
Total		\$257.49	\$257.49

Requestor's Position

"TRUSTRX bills per the Texas Fee Schedule for the above date of service, if you could please re-process for payment."

Amount in Dispute: \$ 257.49

Respondent's Position

"Date of service May 31, 2023 was denied based on: Claim/Service lacks information which is needed for adjudication. Date of service July 5, 2023, was denied based on: These are non-covered services because this is not deemed a 'medical necessity' by the payer. Date of service August 2, 2023, was denied based on: Claim/Service denied. As reflected in the EOBs, General Motors, LLC properly reimbursed Trustrx Pharmacy in accordance with the Texas Workers' Compensation Act and Division Rules."

Response Submitted by: Burns, Anderson Jury & Brenner

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 reduced the payment for the disputed services with the following claim adjustment codes:

- VPAD - Claim/Service lacks information which is needed for adjudication.
- HEA1 - Claim/Service denied.
- N3 (B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
- XD (P12) – This bill was submitted after the billing timeliness guidelines provided.
- ZR (P12) – This provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
- 60 (B13) – The provider has billed for the exact services on a previous bill.
- B13: 60 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- B20: N3 – Procedure/service was partially or fully furnished by another provider.
- P12: ZR, XD – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What are the services in dispute?
2. Is the carrier's denial for medical necessity supported for date of service July 5, 2023?
3. Are the insurance carrier's denial reasons supported for dates of service May 31, 2023, and August 2, 2023?
4. Is TrustRx Pharmacy entitled to reimbursement?

Findings

1. The requestor billed the insurance carrier for Cyclobenzaprine and Naproxen rendered on May 31, 2023, July 5, 2023, and August 2, 2023. A review of the pharmacy bills and the explanation of benefits (EOBs) finds the requestor billed and was reimbursed the billed amount for Naproxen. As a result, Naproxen is not included in the review. The DWC finds that remaining disputed drug is Cyclobenzaprine, therefore, this drug is reviewed pursuant to the applicable rules and guidelines.
2. The requestor seeks reimbursement for Cyclobenzaprine rendered on July 5, 2023. A review of the explanation of benefits (EOB) dated July 27, 2023, finds that the insurance carrier denied the prescription with denial reason code "HEMD These are non-covered services because this is not deemed a 'medical necessity' by the payer"

28 TAC 133.307, states, "28 TAC 133.307 (d) Responses. Responses to a request for MFDR must be legible and submitted to the division and to the requestor in the form and manner prescribed by the division (2) Response. On receipt of the request, the respondent must provide any missing information not provided by the requestor and known to the respondent. The respondent must also provide the following information and records... (I) If the medical fee dispute involves medical necessity issues, the insurance carrier must attach documentation that supports an adverse determination in accordance with §19.2005 of this title (concerning General Standards of Utilization Review).

The DWC finds that the insurance carrier did not submit a copy of a peer review to support the medical necessity denial. As a result, the disputed prescription is reviewed in accordance with the applicable fee guidelines.

3. A review of the EOB's dated June 21, 2023, and August 24, 2023, for dates of service May 31, 2023, and August 2, 2023, denied Cyclobenzaprine with denial reason code "VPAD Claim/Service lacks information which is needed for adjudication", and "HEA1 Claim/Service denied."

A review of the documentation finds that the insurance carrier did not submit sufficient documentation to support denial reasons VPAD and HEA1. As a result, the disputed services are reviewed in accordance with the applicable fee guidelines.

4. 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
Cyclobenzaprine	52817033200	G	1.09	60	\$85.86	\$85.86	\$85.86
TOTAL					\$85.86	\$85.86	\$85.86

The total reimbursement for Cyclobenzaprine rendered on May 31, 2023, July 5, 2023, and August 2, 2023, is \$257.58. The requestor seeks \$257.49, 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 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 respondent must remit to requestor \$257.49 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	June 25, 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. 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.