



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

TrustRx Pharmacy

**Respondent Name**

Dallas County

**MFDR Tracking Number**

M4-24-2024-01

**Carrier's Austin Representative**

Rep Box 17

**DWC Date Received**

May 20, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2024	NDC # 00074709430	\$1,433.10	\$ 1,433.10
<b>Total</b>		\$1,433.10	\$ 1,433.10

### Requestor's Position

"I have attached the Bill for DOS 01/25/24 for processing of payment. I have attached a copy of the Bill, the prescriptions, and the ORIGINAL denial. Attached is a copy of the Prior Authorization for medication QULIPTA"

**Amount in Dispute:** \$ 1,433.10

### Respondent's Position

The Austin carrier representative for Dallas County is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on May 29, 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:

- 197 – Precertification/authorization/notification/pre-treatment absent.

## **Issues**

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

## **Findings**

1. The requestor is seeking reimbursement in the amount of \$1,433.10 for medication dispensed on January 25, 2024. The insurance carrier is denying reimbursement due to lack of preauthorization.

The requestor submitted a copy of a preauthorization letter dated November 29, 2023, issued by Sedgwick. The medication, Qulipta was preauthorized under reference No. 5355772 to be rendered between November 27, 2023, through February 27, 2024. The disputed medication was rendered on January 25, 2024, within the preauthorization timeframe. The insurance carrier did not respond to the Medical Fee Dispute Resolution request. Based on the documentation provided, DWC finds that the carrier failed to support the denial for reimbursement. The requestor is therefore entitled to reimbursement for the medication in dispute.

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
Qulipta	00074709430	B	43.70	30	\$ 1,433.10	\$ 1,433.10	\$ 1,433.10
Total					\$ 1,433.10	\$ 1,433.10	\$ 1,433.10

The total reimbursement is \$ 1,433.10. 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 requestor has established that reimbursement of \$ 1,433.10 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that respondent must remit to the requestor \$1,433.10 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	July 9, 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 prefieres 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).