

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Injured Workers Pharmacy

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-24-2084-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 28, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 20, 2023	NDC #70512010610	\$1,521.31	\$1,521.31

Requestor's Position

Initial Statement: "MyMatrixx/Express confirmed they received DOS 12/20/23 for the DICLOFENAC SODIUM 1% GEL on 12/26/23. I confirmed this information on 5/24/24 when I called MyMatrixx/Express and spoke with Amanda. That is when they sent the initial request to Gallagher for approval. The Claim's Examiner ... at Gallagher is stating she never received the request for approval, so will not reach out to MyMatrixx/Express to authorize the medication. Unfortunately, I have not received an EOB, payment, or denial letter because our bill is just sitting with the PBM, and the carrier will not reach out to approve.

"I asked MyMatrixx/Express if they could resubmit the request for approval but was told they could not because the initial request was still pending."

Supplemental Statement: "The medication was filled and shipped to the patient ... We would not send a bill unless we already filled the medication. The bill was forwarded to the carrier's preferred PBM (Express/MyMatrixx) who confirmed the bill was received timely and that they are pending authorization from the carrier. The carrier has 45 days to pay or deny. It's well past that timeframe. I have not received an EOB ... We also electronically billed (the day after we filled) via Carrier's preferred PBM Express Scripts/MyMatrixx ... For whatever reason, the bill did not pay so

the paper bill went out.”

Amount in Dispute: \$1,521.31

Respondent's Position

“... it does not appear that the provider actually filled the prescription. Rather, it is trying to get the carrier to approve the prescription before it is actually filled. If the provider has not filled the prescription, then it follows that there is no medical fee dispute. The provider must first bill for a service that was actually provided and then following that, if it does not agree with the carrier’s position, it is required to file a request for reconsideration ...

“It appears in this case that the provider issued a paper bill, a DWC 66 but we question whether the medication was actually filled. If it was not, then the provider has no basis for medical fee dispute resolution. If it was filled, then prior to filing a DWC 60, the provider is required to submit a request for reconsideration to the carrier, which has not been done.”

Response Submitted by: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers’ Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
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 pharmaceutical services.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Did New Hampshire Insurance Co. take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is Injured Workers Pharmacy entitled to reimbursement for the drug in question?

Findings

1. Injured Workers Pharmacy is seeking reimbursement for Diclofenac Sodium 1% Gel.

The requestor argued that it did not receive payment or an explanation of denial for medical bills submitted for the drug in question. Per documentation submitted by the insurance carrier, on or before May 31, 2024, the insurance carrier authorized payment for Diclofenac Sodium 1% Gel filled on the date of service in question.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the dispensing of the drug in question was received by the insurance carrier or its agent. No evidence was provided to support the fact that the insurance carrier took final action on the bill.

2. Because New Hampshire Insurance Co. failed to support its argument regarding denial of payment for the drug in this dispute, DWC finds that Injured Workers Pharmacy is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(a), with relevant formula for generic drugs: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount.

Date	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
12/20/2023	Diclofenac Sodium 1% Gel	70512010610	G	\$2.42770	500	\$1,521.31	\$1,521.31	\$1,521.31

The total allowable reimbursement for the drug in question is \$1,521.31. 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 \$1,521.31 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 New Hampshire Insurance Co. must remit to Injured Workers Pharmacy \$1,521.31 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

July 11, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.