



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Berkley National Insurance Company

MFDR Tracking Number

M4-24-2346-01

Carrier's Austin Representative

Rep Box 19

DWC Date Received

June 21, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 21, 2023	NDC # 55111-0683-05	\$22.89	\$22.89
Total		\$22.89	\$22.89

Requestor's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted to Berkley Oil & Gas in a timely manner after each prescription was filled. Ibuprofen 600 MG was paid incorrectly by the carrier."

Amount in Dispute: \$22.89

Respondent's Position

"The provider filed a DWC 60 seeking Medical Fee Dispute Resolution for a date of service of June 21, 2023. The medical bill in question concerns a prescription of Ibuprofen 600 mg tablet. The provider billed \$31.00. The carrier reimbursed the provider \$8.11. The provider is seeking additional payment of \$22.89. It remains the carrier's position that the provider has already been paid pursuant to the Medical Fee Guidelines."

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 §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:

- 387 - Brand name drug replaced with generic equivalent based on Fee Schedule guidelines.
- ANSIP12 – P12 - Workers' compensation jurisdictional fee schedule adjustment.
- ANS1193 - 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CIQ378 - This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- RE555 - Previous recommended history on DCN(s): 1000072745=\$8.11 (387, ANSIP12, BMMSBRC)
- W3 - W3 - TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.

Issues

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

Findings

1. The requestor is seeking reimbursement in the amount of \$22.89 for medication dispensed on June 21, 2023. The insurance carrier is reducing reimbursement due to the reasons indicated above.

A review of the EOBs presented with the medical fee dispute resolution request finds that the insurance carrier issued a payment in the amount of \$8.11. The requestor seeks an additional payment in the amount of \$22.89. To determine if the insurance carrier issued a payment consistent with the pharmacy fee guidelines, and whether the requestor is entitled to an additional payment, the Division applies 28 TAC§134.503.

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: $((\text{AWP per unit}) \times (\text{number of units}) \times 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
Ibuprofen	55111068305	G	0.24030	90	\$31.03	\$31.00	\$31.00
TOTAL					\$31.03	\$31.00	\$31.00

The total reimbursement is \$31.00. The carrier paid \$8.11 on July 17, 2023; therefore, the requestor is entitled to the remaining amount of \$22.89.

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 \$22.89 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed prescription. It is ordered that respondent must remit to the requestor \$22.89 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 19, 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.