



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Berkley National Insurance Co

MFDR Tracking Number

M4-24-2503-01

Carrier's Austin Representative

Rep Box 19

DWC Date Received

July 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 20, 2023	NDC # 55111-0683-05	\$22.89	\$0.00

Requestor's Position

"The carrier issued a payment of \$8.11 for Ibuprofen 600 MG filled on 07/20/2023. EZ Scripts seeks an additional payment for the date of service."

Amount in Dispute: \$22.89

Respondent's Position

"We are attaching a copy of the provider's DWC 66, statement of pharmacy services as well as the carrier's EOR's dated August 12, 2023 and December 11, 2023. It is the carrier's position that the provider's billing for a brand name rather than the generic equivalent. The provider has been reimbursed for the generic equivalent. The provider is not entitled to any additional payment."

Response Submitted by: Flahive, Odgen & 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.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

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

Findings

1. EZ Scripts LLC is seeking additional reimbursement for ibuprofen 600 mg dispensed on July 20, 2023. Per explanation of benefits dated August 16, 2023, the insurance carrier reduced the billed amount to a total payment of \$8.11 citing the workers' compensation fee schedule as its reason for the reduction.

28 TAC §134.503(c) requires the insurance carrier to pay the lesser of DWC's pharmacy formulary 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, or the billed amount.

EZ Scripts LLC is requesting an additional reimbursement of \$22.89 for the disputed drug. EZ Scripts LLC has the burden to support its request for this amount. The DWC finds that the requestor did not submit sufficient documentation to support the additional payment of the brand name drug. The DWC finds that no additional reimbursement 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 additional reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 additional reimbursement.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 24, 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.