



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts, LLC

Respondent Name

Texas Public School WC Project School Co.

MFDR Tracking Number

M4-24-2802-01

Carrier's Austin Representative

Box Number 18

DWC Date Received

August 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 6, 2024	Duloxetine HCL 60mg NDC: 51991-0748-90	\$363.22	\$307.63
May 15, 2024	Meloxicam 15mg NDC: 29300-0125-10	\$180.69	\$175.44
June 4, 2024	Duloxetine HCL 60mg NDC: 51991-0748-90	\$363.22	\$307.63
June 13, 2024	Meloxicam 15mg NDC: 29300-0125-10	\$180.69	\$175.44
July 3, 2024	Duloxetine HCL 60mg NDC: 51991-0748-90	\$363.22	\$307.63
Total		\$1,451.04	\$1,273.77

Requestor's Position

"The carrier issued a payment of \$5.00 for Meloxicam 15 MG filled on 05/15/2024 and 06/13/2024. Redbook prices the AWP per unit at \$4.84500. The carrier issued a payment of \$206.36 for Duloxetine HCL 60 MG filled on 05/06/2024, 06/04/2024, and 07/03/2024. Redbook prices AWP per unit at \$7.54100. EZ Scripts seeks an additional payment for the date of service."

Amount in Dispute: \$1,451.04

Respondent's Position

"CRF contends that it reimbursed EZ Scripts for prescription drugs dispensed between the dates of 5/6/2024 and 7/3/2024 in accordance with DWC rule 134.503(c)(1) ... Consequently, EZ Scripts LLC is not entitled to additional reimbursement for the medications dispensed in this claim."

Response Submitted by: Creative Risk Funding, Inc.

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

Adjustment Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- Charge exceeds Fee Schedule allowance.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- 18 - Exact duplicate claim/service.
- B13 - Previously paid. Payment for this claim/service may have been provided in a previous payment.
- Notes: REIMBURSEMENT FOR THIS BILL INCLUDED IN PREVIOUS PAYMENT MADE ON 05/28/2024 IN THE AMOUNT OF \$5.00...
- W3 – Reconsideration/Appeal

Issues

1. What amount of reimbursement has the insurance carrier allowed for the disputed drugs as of the date of this review?
2. Did the insurance carrier support its reimbursement amount for the drugs in dispute?
3. Is the requestor entitled to additional reimbursement for the drugs in dispute?

Findings

1. A review of the submitted documentation finds that the insurance carrier initially allowed reimbursement in the following amounts:
 - For Duloxetine HCL 60mg x 60 units, reimbursement in the amount of \$206.36 was allowed per each disputed date that the drug was dispensed.
 - For Meloxicam 15mg x 30 units, reimbursement in the amount of \$5.00 was allowed per each disputed date that the drug was dispensed.

The review of submitted documentation further finds that after the request for medical fee dispute resolution was submitted, the insurance carrier allowed additional reimbursement in the following amounts:

- For Duloxetine HCL 60mg x 60 units, additional reimbursement in the amount of \$55.59 was allowed per each disputed date that the drug was dispensed.
- For Meloxicam 15mg x 30 units, additional reimbursement in the amount of \$5.25 was allowed per each disputed date that the drug was dispensed.

DWC finds that as of the date of this review, the insurance carrier has reimbursed in the amounts of \$261.95 for Duloxetine HCL 60mg x 60 units per each disputed date the drug was dispensed and \$10.25 for Meloxicam 15mg x 30 units per each disputed date the drug was dispensed, for a total reimbursement amount of \$806.35 for the pharmacy services in dispute.

2. In support of its reimbursement amount of the drugs in dispute, the insurance carrier submitted data from the Official Disability Guideline (ODG) Formulary. DWC's review of this source finds that the pricing quoted does not account for number of units dispensed nor dosages. A review of calculations provided by the Respondent finds that the insurance carrier's calculations for reimbursement do not include the number of units dispensed for each disputed drug.

DWC finds that the insurance carrier did not support its reimbursement amount for the drugs in dispute.

3. The requestor is seeking additional reimbursement in the total amount of \$1,451.04 for disputed drugs dispensed between the dates of May 6, 2024, and July 3, 2024.

DWC finds that 28 TAC §134.503(c) applies to the reimbursement of the drugs in dispute, which states, "(c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of: (1) 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:

(A) Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.09) + \4.00 dispensing fee per prescription = reimbursement amount; ..."

DWC finds that for the generic drug Duloxetine HCL 60mg, dispensed on the disputed dates of service May 6, 2024, June 4, 2024, and July 3, 2024: AWP per unit = 7.541; units dispensed = 60.

The maximum allowable reimbursement (MAR) is calculated according to 28 TAC §134.503 (c) using the formula above:

- Duloxetine HCL 60mg: $(7.541 \text{ AWP} \times 60 \text{ units} \times 1.25) + \$4.00 = \$569.58 \text{ MAR}$
- The insurance carrier paid \$261.95 per each disputed date of service as of the date of this review.
- DWC finds that the requestor is entitled to additional reimbursement in the amount of \$307.63 for each disputed date of service, May 6, 2024, June 4, 2024, and July 3, 2024, for Duloxetine HCL 60mg x 60 units, for a total recommended amount of \$922.89.

DWC finds that for the generic drug Meloxicam 15mg, dispensed on the disputed dates of service May 15, 2024, and June 13, 2024: AWP per unit = 4.845; units dispensed = 30.

The maximum allowable reimbursement (MAR) is calculated according to 28 TAC §134.503 (c) using the formula above:

- Meloxicam 15mg: $(4.845 \text{ AWP} \times 30 \text{ units} \times 1.25) + \$4.00 = \$185.69 \text{ MAR}$
- The insurance carrier paid \$10.25 per each disputed date of service as of the date of this review.
- DWC finds that the requestor is entitled to additional reimbursement in the amount of \$175.44 for each disputed date of service, May 15, 2024, and June 13, 2024, for Meloxicam 15mg x 30 units, for a total recommended amount of \$350.88.

DWC finds that the requestor, EZ Scripts, is entitled to additional reimbursement in the total amount of \$1,273.77 for drugs dispensed on the disputed dates of service.

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 that the requestor has established that additional reimbursement in the total amount of \$1,273.77 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 Texas Public School WC Project School Co. must remit to EZ Scripts, LLC \$1,273.77 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

September 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