



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRx

Respondent Name

Norguard Insurance Co

MFDR Tracking Number

M4-25-0397-01

Carrier's Austin Representative

Box Number 12

DWC Date Received

October 20, 2024

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|--------------------------------|-------------------|------------|
| April 22, 2024 | NDC # 71093012005 – Gabapentin | \$73.40 | \$23.88 |

Requestor's Position

"The above claimant received medications, and the carrier still has not acknowledged receipt of service. The original bill was submitted to the carrier on 04/26/2024 VIA FAX CONFIRMATION."

Amount in Dispute: \$73.40

Respondents' Position

The Austin carrier representative for Norguard Insurance Co is Shanley Price LLP. Shanley Price LLP was notified of this medical fee dispute on October 29, 2024. Per 28 TAC §133.307(d)(1) 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).

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

Neither party submitted an explanation of benefits for the services in dispute.

Issues

1. Did the insurance carrier timely present denial reasons to the provider before the filing of this fee dispute?
2. What is the reimbursement for the service(s) in dispute?

Findings

1. The DWC finds that the requestor, ProximaRx, presented sufficient documentation to support its requested payment from Norguard Insurance Co for medications provided to a covered injured employee. The insurance carrier did not pay, reduce, or deny the complete medical bill in 45 days. Due to the insurance carrier's failure to take final action and timely issue an EOB, the provider then asked for reconsideration and requested an EOB as required. Norguard Insurance Co did not respond to the request for reconsideration. The provider then filed for medical fee dispute resolution (MFDR).

No evidence was presented by Norguard Insurance Co or its agent to support that it responded to the complete medical bill within 45 days; nor did Norguard Insurance Co or its agent present any evidence to support that it responded to the request for reconsideration and request for an EOB. Norguard Insurance Co therefore failed to present any denial reasons or defenses to the provider before the filing of this medical fee dispute.

Norguard Insurance Co failed to present any defenses that conform with the requirements of 28 TAC §133.240 and 133.250 discussed above. Absent evidence that Norguard Insurance Co or an agent acting on Norguard Insurance Co's behalf timely presented any defenses to the provider that conform with the requirements of Title 28, Part 2, Chapter 133, Subchapter C, the DWC finds that the medications are reviewed pursuant to the applicable rules and guidelines.

2. Rule 28 TAC §134.503 applies to the reimbursement for medications. The medications in dispute are listed on the bill separately.

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.

The calculation of the total allowable amount is as follows:

| Drug | NDC | Generic(G) /Brand(B) | Price/ Unit | Units Billed | AWP Formula | Billed Amount | Lesser of AWP and Billed |
|--------------|-------------|-------------------------|----------------|-----------------|----------------|------------------|-----------------------------|
| Gabapentin | 71093012005 | G | 0.53000 | 30 | \$23.88 | \$73.40 | \$23.88 |
| Total | | | | | | \$73.40 | \$23.88 |

The total reimbursement is therefore \$23.88. This amount is recommended.

Conclusion

The outcome of each independent medical fee dispute relies on the relevant evidence the requestor and respondent present at the time of adjudication. Although all the evidence in this dispute may not have been discussed, it was considered.

DWC finds the requestor is entitled to reimbursement in the amount of \$23.88.

Order

Under the 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 the Respondent must submit to the Requestor \$23.88 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

January 22, 2025

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 512-804-4812.