



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Wesco Insurance Co

MFDR Tracking Number

M4-24-1433-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 4, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 8, 2023	71093-0111-05 Gabapentin 600	\$382.00	\$382.00
April 5, 2023	71093-0111-05 Gabapentin 600	\$382.00	\$382.00
April 5, 2023	55111-0180-10 Tizanidine HCL 4	\$168.81	\$168.81
May 4, 2023	71093-0111-05 Gabapentin 600	\$382.00	\$382.00
May 4, 2023	55111-0180-10 Tizanidine HCL 4	\$168.81	\$168.81
September 22, 2023	71093-0111-05 Gabapentin 600	\$382.00	\$382.00
September 22, 2023	55111-0180-10 Tizanidine HCL 4	\$168.81	\$168.81
October 19, 2023	71093-0111-05 Gabapentin 600	\$382.00	\$382.00
October 19, 2023	55111-0180-10 Tizanidine HCL 4	\$168.81	\$168.81
November 20, 2023	71093-0111-05 Gabapentin 600	\$382.00	\$382.00
November 20, 2023	55111-0180-10 Tizanidine HCL 4	\$168.81	\$168.81
		\$3,136.05	\$3,136.05

Requestor's Position

"The carrier is refusing to issue payment. The various denials for the bills are "the diagnosis code on this bill is not covered" and "the prescribing/ordering provider is not eligible to prescribe/order the service billed."

Supplement response August 13, 2024

"I wanted to check in on fee dispute with docket M4-24-1433-01. I have not received payment or a response from the carrier."

Amount in Dispute: \$2,967.24

Respondent's Position

"The Carrier is issuing payment for the medical bills for the amount listed on the DWC-60."

Supplement response July 7, 2024

"I sent a request to the carrier for payment information"

Response submitted by: Downs Stanford

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- N3 (B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
- CMR – Payment disallowed: Billing error: Line item service previously processed electronically and reimbursement/denial decision previously rendered.
- HE83 – Duplicate Paid/Captured Claim.
- HE71 – Prescriber is not covered.
- ZR (P12) – The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

- 60 (B13) – The provider has billed for the exact services on a previous bill.
- HEPO – The prescribing/ordering provider is not eligible to prescribe/order the service billed.
- HED1 – Denial – the Diagnosis code(s) on this bill are not covered.

Issues

1. Did the insurance carrier support the denials made during adjudication?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement of the medications Gabapentin and Tizanidine dispensed from March 2023 until November 2023. The insurance carrier made denials based on prescribing/order provider not eligible to prescribe, duplicate bills and non-covered diagnosis. Insufficient evidence was found to support the services in dispute are not eligible for payment based on the applicable rules found below.
2. DWC Rule 28 Texas Administrative Code §134.503 (c)(1)(A)(B) states in pertinent part (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;

Date of prescription	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
March 8, 2023	Gabapentin	71093011105	G	\$2.52	120	\$382.00	\$382.00	\$382.00
April 5, 2023	Gabapentin	71093011105	G	\$2.52	120	\$382.00	\$382.00	\$382.00
April 5, 2023	Tizanidine	55111018010	G	\$1.465	90	\$168.82	\$168.81	\$168.81
May 4, 2023	Gabapentin	71093011105	G	\$2.52	120	\$382.00	\$382.00	\$382.00
May 4, 2023	Tizanidine	55111018010	G	\$1.465	90	\$168.82	\$168.81	\$168.81
September 22, 2023	Gabapentin	71093011105	G	\$2.52	120	\$382.00	\$382.00	\$382.00
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October 19, 2023	Tizanidine	55111018010	G	\$1.465	90	\$168.82	\$168.81	\$168.81
November 20, 2023	Gabapentin	71093011105	G	\$2.52	120	\$382.00	\$382.00	\$382.00

November 20, 2023	Tizanidine	55111018010	G	\$1.465	90	\$168.82	\$168.81	\$168.81
							\$3,136.05	\$3,136.05

The total reimbursement is \$3,136.05. 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 requester has established that additional reimbursement 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 Wesco Insurance Co must remit to EZ Scripts LLC \$3,136.05 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

September 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 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.

