



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-24-1614-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

March 26, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 23, 2023	[sic]0794-0021-10	85.86	85.86
October 23, 2023	13107-0001-30	102.74	102.74
October 25, 2023	68382-0806-05	55.58	53.58
October 25, 2023	13668-0217-90	1,208.16	1,208.16
November 22, 2023	13107-0001-30	102.74	102.74
November 22, 2023	13668-0217-90	1,208.16	0.00
November 22, 2023	70954-0021-10	85.86	85.86
November 27, 2023	13668-0217-90	207.81	0.00
December 22, 2023	13107-001-30	102.74	102.74
December 22, 2023	13668-0217-90	1,208.16	0.00
December 22, 2023	13668-0217-90	207.81	0.00
December 22, 2023	70954-0021-10	85.86	85.86
January 5, 2024	57237-0008-30	105.25	102.75
January 5, 2024	13668-0217-90	1,208.16	0.00
January 22, 2024	13668-0217-90	207.81	0.00
January 22, 2024	51991-0748-90	509.02	0.00
January 22, 2024	70954-0021-10	85.86	85.86
January 26, 2024	57237-0009-30	107.76	102.75
February 13, 2024	13668-0217-90	1,208.16	0.00
February 22, 2024	57237-0009-30	107.76	102.75

Requestor's Position

"Trazadone and Aripiprazole are "N" drugs on the ODG formulary. Both medications were preauthorized and filled within the parameters of each determination letter. ...EZ Scripts submitted appeals of each denial. The bills were then denied as duplicates. Mirtazapine, Duloxetine, and Prazosin were "Y" drugs on the ODG drug formulary ...and did not require prior authorization."

Amount in Dispute: \$8,201.26

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co is White Espey PLLC. The representative was notified of this medical fee dispute on April 2, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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. [TLC §408.028](#) sets out requirements of pharmaceutical services.
3. [28 TAC §134.502](#) details workers compensation pharmaceutical services.
4. [28 TAC §134.530](#) sets out the requirements of prior authorization.
5. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- HE70 – Product/Service Not Covered.
- 60(B13) – The provider has billed for the exact services on a previous bill.

- N3(B20) A reduction was made because a different provider has billed for the exact services on a previous bill.
- ZR(P12) – The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
- 9D(P12) – The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administrative Code Chapter 134. Section 134.530 and 134.540. If Prior Authorization was obtained, please resubmit a copy of the required information.

Issues

1. Is the insurance carrier's denial for non-covered service, duplicate services supported?
2. Did the disputed medications require prior authorization?
3. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for oral medications dispensed beginning in October of 2023 and ending in February of 2024. The insurance carrier denied for several different reasons listed below.
 - October 23, 2023, Prazosin in the amount of \$85.86. Product/service not covered. Duplicate
 - October 23, 2023, Mirtazapine in the amount of \$102.74. Duplicate, Workers Compensation Fee schedule adjustment. Product/Service not covered.
 - October 25, 2023, Trazodone in the amount of \$53.58. Product/Service not covered. Duplicate, lack of prior authorization.
 - October 25, 2023, Aripiprazole in the amount of \$1,208.16. Product/Service not covered. Duplicate, lack of prior authorization.
 - November 22, 2023, Mirtazapine in the amount of \$102.74. Duplicate, product/Service not covered.
 - November 22, 2023, Aripiprazole in the amount of \$1,208.16. Duplicate, lack of prior authorization, Product/Service not covered.
 - November 22, 2023, Prazosin in the amount of \$85.86. Duplicate, Product/Service Not Covered.
 - November 27, 2023, Trazodone in the amount of \$207.81. Product/Service Not Covered. Lack of prior authorization, duplicate.
 - December 22, 2023, Mirtazapine in the amount of \$102.74. Duplicate, product/service not covered.
 - December 22, 2023, Aripiprazole in the amount of \$1,208.16. Duplicate, lack of prior authorization, product/service not covered.
 - December 22, 2023, Trazodone in the amount of \$207.81. NO REMITTANCE NOTICE SUBMITTED.

- December 22, 2023, Prazosin in the amount of \$85.86. Duplicate, product/service not covered.
- January 5, 2024, Mirtazapine, in the amount of \$105.25. Product/Service not covered, duplicate.
- January 5, 2024, Aripiprazole in the amount of \$1,208.16. Duplicate, lack of prior authorization.
- January 22, 2024, Trazodone in the amount of \$207.81. Product/Service not covered, duplicate, lack of prior authorization.
- January 22, 2024, Duloxetine in the amount of \$509.02. Carrier paid \$60.56. Duplicate, workers' compensation jurisdictional fee schedule.
- January 22, 2024, Prazosin in the amount of \$85.86. Duplicate, product/service not covered.
- January 26, 2024, in the amount of \$107.76. Product/service not covered, duplicate.
- February 13, 2024, Aripiprazole in the amount of \$1,208.16. Product/service not covered, lack of prior authorization, duplicate.
- February 22, 2024, in the amount of \$107.76. Product/service not covered. Duplicate.

Pharmaceutical services for workers' compensation injuries are covered under TLC §408.028, which states in relevant part, "(a) A physician providing care to an employee under this subchapter shall prescribe for the employee any necessary prescription drugs, and order over-the-counter alternatives to prescription medications as clinically appropriate and applicable."

DWC Rule 28 TAC §134.502(a) states, "A doctor providing care to an injured employee shall prescribe for the employee medically necessary prescription drugs and over-the-counter medication (OTC) alternatives as clinically appropriate and applicable in accordance with applicable state law and as provided by this section."

DWC finds that pharmaceutical services are covered, and the insurance carrier failed to support its reason for this denial. The denial for product/service not covered is not supported.

The insurance carrier did not submit a position statement in response to this MFDR request. The submitted documentation does not support a duplicate service submitted by a different provider. This denial is not supported.

2. The insurance carrier denied the medication Trazodone and Aripiprazole (Abilify) for lack of prior authorization. DWC Rule TAC §134.530 (b)(1)(A) states in pertinent parts, "Preauthorization for claim subject to the Division's closed formulary is only required for drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Com (ODG) / Appendix A. Review of the applicable Appendix A found both the medications listed above are "N" drugs and required prior authorization.

Review of the submitted documentation found Sedgwick Claims Management Services, Inc certified the following dates of service and medications.

- October 19, 2023, Determination: Certified by Nurse.

- Abilify 5mg, quantity 30, approved quantity 30, October 19, 2023 – November 19, 2023.
- Trazodone 100mg quantity 30, approved quantity 30, October 19, 2023 through November 19, 2023.
- September 27, 2023, Determination: Certified by Physician Advisor
 - Ability 5mg, quantity 33, approved quantity 33, August 28, 2023 through September 28, 2023.
 - Prazosin 5mg, quantity 30, approved quantity 30, August 28, 2023 through September 28, 2023.
 - Remeron 7.5mg, quantity 30, approved quantity 30, August 28, 2023 through September 28, 2023.
 - Trazodone 180mg, quantity 30, approved quantity 30, August 28, 2023 through September 28, 2023.
 - Cymbalta DR, quantity 30, approved quantity 30, August 28, 2023 through September 28, 2023.

The dates of service October 25, 2023 for the Trazodone and Aripiprazole were certified. The insurance carrier’s denial for these dates of service is not supported. The denial for dates of service after November 19, 2023 for lack of prior authorization for Trazodone and Aripiprazole is supported. All other medications in dispute did not require prior authorization.

The disputed medications will be reviewed per applicable fee guideline shown below.

3. 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;

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Prazosin 10/23/23	70954002110	G	2.18	30	85.86	85.86	85.86
Mirtazapine 10/23/23	13107000130	G	2.63	30	102.75	102.74	102.74
Trazodone 10/25/23	68382080605	G	1.32	30	53.58	53.58	53.58
Aripiprazole 10/25/23	13668021790	G	32.11	30	1208.16	1208.16	1208.16
Mirtazapine 11/22/23	13107000130	G	102.75	30	102.75	102.74	102.74
Aripiprazole 11/22/23	13668021790	G	32.11	30	1208.16	1208.16	0.00**
Prazosin 11/22/2023	70954002110	G	2.18	30	85.86	85.86	85.86

Trazodone 11/27/23	13668033301	G	1.32	30	53.58	207.81	0.00**
Mirtazapine 12/22/23	13688021790	G	2.63	30	102.75	102.74	102.74
Aripiprazole 12/22/23	13668021790	G	32.11	30	1208.16	1,208.16	0.00**
Trazodone 12/22/23	13668033301	G	1.32	30	53.58	207.81	0.00**
Prazosin 12/22/2023	70954002110	G	2.18	30	85.86	85.86	85.86
Mirtazapine 1/5/2024	57237000830	G	2.63	30	102.75	105.25	102.75
Aripiprazole 1/5/2024	13668021830	G	32.11	30	1208.16	1,208.16	0.00**
Trazodone 1/22/2024	13668033301	G	1.32	30	53.58	207.81	0.00**
Duloxetine 1/22/2024	51991074890	G	7.54	6	60.56	569.58	60.56
Prazosin 1/22/2024	70954002110	G	2.18	30	85.86	85.86	85.86
Mirtazapine 1/26/2024	57237000930	G	2.63	30	102.75	107.76	102.75
Aripiprazole 2/13/2024	13668021830	G	32.11	30	1208.16	1208.16	0.00**
Mirtazapine 2/22/2024	57237000930	G	2.63	30	102.75	107.76	102.75
						\$8,201.26	\$2282.21

** Appendix A indicates "N" drug. Insufficient evidence of required prior authorization.

The total reimbursement is \$2282.21. The insurance carrier paid \$60.56. A balance of \$2,221.65 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 Old Republic Insurance Co must remit to EZ Scripts LLC \$2,221.65 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

June 17, 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.