



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

National Union Fire Ins Co of Pitts PA

MFDR Tracking Number

M4-24-2229-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 21, 2023	72205-0012-90	\$951.30	\$951.30
June 21, 2023	33342-0156-15	\$350.20	\$350.20
August 7, 2023	72205-0012-90	\$952.04	\$952.04
August 7, 2023	33342-0156-15	\$350.20	\$350.20
September 5, 2023	72205-0012-90	\$952.04	\$952.04
September 5, 2023	33342-0156-15	\$350.20	\$350.20
October 13, 2023	33342-0156-15	\$177.10	\$177.10
October 25, 2023	72205-0012-90	\$1,268.05	\$1,268.05
November 9, 2023	33342-0156-15	\$177.10	\$177.10
November 21, 2023	72205-0012-90	\$1,268.05	\$1,268.05
December 11, 2023	33342-0156-15	\$350.20	\$350.20
December 19, 2023	72205-0012-90	\$1,268.05	\$1,268.05
January 9, 2024	33342-0156-15	\$350.20	\$350.20
January 16, 2024	60505-3794-09	\$1,268.05	\$1,268.05
February 13, 2024	60505-3794-09	\$1,268.05	\$1,268.05
February 13, 2024	33342-0156-15	\$350.20	\$350.20
March 12, 2024	60505-3794-09	\$1,268.05	\$1,268.05
March 12, 2024	33342-0156-15	\$350.20	\$350.20
		\$13,269.28	\$13,269.28

Requestor's Position

"MyMatrixx denied dates of service 06/21/2013 and 08/07/2023 because EZ Scripts in not in-network. There is no EOR because of this but it was confirmed with Tasha at MyMatrixx on 06/11/2024. Date of service 09/05/2023 was denied with the reason "services not provided by network/primary care providers." The remaining dates of service were denied with the reason "precertification/authorization/notification/pre-treatment absent." Pregabalin and celecoxib were Y drugs on the ODG formulary every time they were filled and did not require preauthorization."

Supplemental response July 26, 2024

"We have not received payment yet."

Amount in Dispute: \$13,269.28

Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Response submitted by: Gallagher Bassett

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.
3. [28 TAC §134.530](#) sets out the requirements of prior authorization.
4. [DWC 28 TAC §124.2](#) sets out the requirements of plain language notification.

Denial Reasons

- 242 – Services not provided by network/primary care providers.
- 75 – Prior authorization required.
- 05 – M/I Service provider number
- P2 – Not a work related injury/illness and thus not the liability of the workers'

compensation carrier.

- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

1. Did the respondent support the injured employee is subject to a network?
2. Was prior authorization required?
3. Did the respondent support the denial of non-work related injury?
4. What rule(s) apply to disputed services?
5. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for prescribed medications rendered from June 21, 2023 to March 12, 2024. The insurance carrier denied the claims in dispute for several reasons one of which was services provided outside the network. The insurance carrier failed to support the injured employee is within a network, this denial reason is not supported and will not be considered in this review.
2. The insurance carrier also denied the disputed charges stating prior authorization was required. DWC Rule 28 TAC §134.530 (b) states in pertinent part that preauthorization is only required for drugs identified with a status on "N" in the current edition of the ODG Treatment Comp (ODG) / Appendix A.

Review of Appendix A for the dates of service in dispute found the medication in dispute is not listed as a "N" drug. The DWC finds that the insurance carrier's denial is not supported, the services in dispute will be reviewed per applicable fee guidelines.

3. Additionally, the respondent denied the services as non-work related injury. DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2.

The insurance carrier's denial reason is therefore not supported.

Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.

Consequently, the division concludes there are no outstanding issues of compensability,

extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

4. 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
June 21, 2023	Pregabalin	72205001290	G	8.427	90	\$952.07	\$951.30	\$951.30
June 21, 2023	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
August 7, 2023	Pregabalin	72205001290	G	8.427	90	\$952.07	\$952.04	\$952.04
August 7, 2023	Celecoxib	03342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
September 5, 2023	Pregabalin	72205001290	G	8.427	90	\$952.07	\$952.04	\$952.04
September 5, 2023	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
October 13, 2023	Celecoxib	33342015615	G	4.616	30	\$177.10	\$177.10	\$177.10
October 25, 2023	Pregabalin	72205001290	G	8.427	120	\$952.07	\$1,268.05	\$1,268.05
November 9, 2023	Celecoxib	33342015615	G	4.616	30	\$177.10	\$177.10	\$177.10
November 21, 2023	Pregabalin	72205001290	G	8.427	120	\$1,268.12	\$1,268.05	\$1,268.05
December 11, 2023	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
December 19, 2023	Pregabalin	72205001290	G	8.427	120	\$1,268.12	\$1,268.05	\$1,268.05
January 9, 2024	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
January 16, 2024	Pregabalin	60505379409	G	8.427	120	\$1,268.12	\$1,268.05	\$1,268.05
February 13, 2024	Pregabalin	60505379409	G	8.427	120	\$1,268.12	\$1,268.05	\$1,268.05
February 13, 2024	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
March 12, 2024	Pregabalin	60505379409	G	8.427	120	\$1,268.12	\$1,268.05	\$1,268.05
March 12, 2024	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
							\$13,269.28	\$13,269.28

5. The total reimbursement is \$13,269.28. 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 National Union Fire Ins Co of Pitts PA must remit to EZ Scripts LLC \$13,269.28 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	September 11, 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.