



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ Scripts LLC

**Respondent Name**

Safety National Casualty Corp

**MFDR Tracking Number**

M4-24-2236 -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
November 22, 2023	29300-0420-01	\$27.85	\$0.00
November 22, 2023	55111-0293-36	\$381.10	\$0.00
December 20, 2023	71093-0112-05	\$347.12	\$0.00
January 17, 2024	29300-0420-01	\$27.85	\$0.00
January 25, 2024	57237-0077-30	\$1675.98	\$0.00
January 30, 2024	59385-0024-60 Belbuca Buccal	\$1198.73	\$1,198.72
February 14, 2024	55111-0293-36 Sumatriptan Succinate	\$381.10	\$381.10
March 14, 2024	55111-0293-36	\$381.10	\$0.00
		<b>\$4,420.83</b>	<b>\$1,579.82</b>

### Requestor's Position

"Enclosed are the outstanding pharmacy bills for EZ Scripts, which were submitted to Gallagher Bassett Services Inc., in a timely manner after each prescription was filled. The Amitriptyline... Because the bill was not processed, they were unable to provide the EOR. Sumatriptan... This was a Y drug on the ODG formulary both times the medication was filled. It did not require

preauthorization. Ondansetron... It was preauthorized and approved with review number 7023265 after initially being denied. Belbuca Buccal... It was preauthorized and approved with review number 7043008."

### **Supplemental response submitted July 30, 2024**

"We have not received payment yet."

### **Supplemental response submitted September 13, 2024**

"We received payment on all dates of service except 01/30/2024 and 02/14/2014."

**Amount in Dispute:** \$4,420.83

## **Respondent's Position**

"Our supplemental response for 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. We will provide a supplemental response once the bill auditing company has finalized their review."

### **Supplemental response submitted by Gallagher Bassett August 9, 2024**

"Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bill(s) in question was/were escalated and a review completed. Our bill audit company has determined additional monies are owed in the amount of \$4,392.94. Interest in the amount of \$127.03 has been added."

**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 §134.530](#) sets out the requirements of prior authorization.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

### Denial Reasons

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

### Issues

1. What services are in dispute?
2. Is the insurance carrier's denial supported?
3. What rule(s) apply to disputed services?

Findings

1. The requestor submitted a DWC60 to MFDR requesting dates of service from November, 2023 to March 2024. After several communications between the parties the requestor stated on September 13, 2024, "We received payment on all dates of service except 01/30/2024 and 02/14/2024." Attempts of explanation as to why these services were not paid were unanswered.

While neither party submitted explanation of benefits that detailed the adjudication of the disputed services, the requestor acknowledged payment as shown above and the respondent stated, "Our bill audit company has determined additional monies are owed in the amount of \$4,392.94. Interest in the amount of \$127.03 has been added."

Based on the DWC's review of the submitted correspondence the remaining services in dispute are for January 30, 2024 (Belbuca Buccal) and February 14, 2024 (Sumatriptan Succinate). These two medical bills will be reviewed per applicable rules and fee guidelines.

2. DWC Rule 28 TAC §134.530 (b)(1)(A) states in pertinent part, "Preauthorization is only required for drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A."

Review of the applicable Appendix A found Belbuca Buccal for date of service January 30, 2024 is a "N" drug. Further review found approval was given for this medication and date of service by MEDINSIGHTS under preauthorization number 7043008. The service in dispute will be reviewed per applicable fee guideline.

Review of the applicable Appendix A found Sumatriptan Succinate is not listed as a "N" medication. No prior authorization was required. The disputed medication will be reviewed per applicable fee guideline.

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
Belbuca Buccal	59385002460	G	18.267	60	\$1198.72	\$1198.73	\$1198.72

Sumatriptan Succinate	55111029336	G	25.139	12	\$381.10	\$381.10	\$381.10
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The total reimbursement is \$1,579.82, 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 Safety National Casualty Corp must remit to EZ Scripts LLC \$1,579.82 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

**Authorized Signature**

		October 22, 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](http://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](mailto: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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).