



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Pennsylvania Manufacturers Association Ins

MFDR Tracking Number

M4-24-2273-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 15, 2023	33342-0156-15	\$349.80	\$349.80
July 12, 2023	33342-0156-15	\$350.20	\$350.20
August 10, 2023	33342-0156-15	\$350.20	\$350.20
August 23, 2023	72205-0014-90	\$952.04	\$952.04
November 15, 2023	50228-0436-05	\$89.50	\$89.50
November 15, 2023	00406-0485-01	\$126.18	\$126.12
December 13, 2023	12132-0236-01	\$89.50	\$0.00
December 13, 2023	00406-0485-01	\$126.18	\$126.12
January 10, 2024	50228-0436-05	\$89.50	\$89.50
January 10, 2024	00406-0485-01	\$126.18	\$126.12
		\$2,649.28	\$2,559.60

Requestor's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted to PMA Companies in a timely manner after each prescription was filled. Pregabalin 100 MG, celecoxib 100 MG, naproxen 500 MG, and acetaminophen-codeine 300-60 MG were all Y drugs on the ODG formulary at the time they were filled."

Amount in Dispute: \$2,649.28

Respondent's Position

"The provider has billed a total of \$2,649.28 and is requesting reimbursement of that amount. The provider included EOBs that the carrier submitted in response to the medications in question. Is the carrier's position that the provider is not entitled to reimbursement in accordance with the denial codes on the carrier's EOBs."

Response submitted by: Flahive, Ogden & Latson

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 §124.2](#) sets out requirements of insurance carrier notifications.
3. [28 TAC §133.240](#) sets out the requirements of medical payment and denials.
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

- 197 – Precertification/authorization/notification/pre-treatment absent.
- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.
- PP Paid in Full – No adjustment to charged amount.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Did the respondent support denial of compensability?
2. Was prior authorization required?
3. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement of the oral medication Celecoxib, NDC (33342015615) dispensed on June 15, 2023, July 12, 2023 and August 10, 2023. The

insurance carrier denied as not work related injury/illness.

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 Rule 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.

The medication Celecoxib will be reviewed per applicable fee guideline.

2. The requestor is also seeking reimbursement for the following prescriptions:

- Pregabalin 100 mg Capsule NDC 72205-0014-90 for date of service August 23, 2023, denied for lack of prior authorization.

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

Review of the applicable Appendix A did not support this medication is listed as a "N" drug. The disputed charge will be reviewed per applicable fee guideline.

- Naproxen 500 mg NDC 502280436-05 for dates of service November 15, 2023, January 10, 2024. No explanation of benefits submitted by either party. DWC Rule 133.240 (a) states in pertinent parts, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with 133.230 of this chapter not later than the 45th day after the date the insurance carrier received a complete medical bill. Review of the submitted documentation found a complete medical bill but no explanation of benefits. These claims will be reviewed per applicable fee guideline.
- Acetaminophen-Cod 300—60mg 00406-0485-01 for dates of service November 15, 2023, December 13, 2023, and January 10, 2024. As above, a complete medical bill was found but no explanation of benefits submitted by either party. Claims will be reviewed per applicable fee guideline.
- NDC 12132-0236-00 for date of service December 13, 2023 listed on the DWC60 is not

supported by a bill to indicate drug name, dosage etc., This line will not be considered in this review.

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;

Date of Service	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
June 15 2023	Celecoxib	33342015615	G	4.616	60	\$350.20	\$349.80	\$349.80
July 12 2023	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
August 10 2023	Celecoxib	33342015615	G	4.616	60	\$350.20	\$350.20	\$350.20
August 23 2023	Pregabalin	72205001490	G	8.427	90	\$952.07	\$952.04	\$952.04
November 15 2023	Naproxen	50228043605	G	1.14	60	\$89.53	\$89.50	\$89.50
November 15 2023	Acetamino-Cod	00406048501	G	1.085	90	\$126.12	\$126.18	\$126.12
December 13 2023	Acetamino-Cod	00406048501	G	1.085	90	\$126.12	\$126.18	\$126.12
January 10 2024	Naproxen	50228043605	G	1.14	60	\$89.53	\$89.50	\$89.50
January 10 2024	Acetamino-Cod	00406048501	G	1.085	90	\$126.12	\$126.18	\$126.12
Total							\$2,559.78	\$2,559.60

The total reimbursement is \$2,559.60. 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 \$0.00 reimbursement for the disputed services. It is ordered that Pennsylvania Manufacturers Association must remit to EZ Scripts LLC \$2,559.60 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

Authorized Signature

_____	_____	July 26, 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.