



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

City of Houston

MFDR Tracking Number

M4-25-0570-01

Carrier's Austin Representative

Box Number 29

Date Received

November 6, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 3, 2023	NDC # 16729-0444-16 / Bupropion XL	\$240.10	\$0.00
October 3, 2023	NDC # 70954-0020-10 / Prazosin HCL	\$103.15	\$0.00
November 17, 2023	NDC # 16729-0444-16 / Bupropion XL	\$240.10	\$0.00
November 17, 2023	NDC # 70954-0020-10 / Prazosin HCL	\$103.15	\$0.00
December 15, 2023	NDC # 16729-0444-16 / Bupropion XL	\$240.10	\$0.00
December 15, 2023	NDC # 70954-0020-10 / Prazosin HCL	\$103.15	\$0.00
Total		\$1,029.75	\$0.00

Requestor's Position

"Injury Management Organization denied the medications Prazosin HCL 2 MG and Bupropion 300 MG. These medications are Y drugs on the ODG drug formulary..."

Amount in Dispute: \$1,029.75

Respondents' Position

"Date of service 10/23/2023 is past timely filing for MDR per Division Rule 133.3079c[sic]."

Response Submitted by: Injury Management Organization, Inc.

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 Texas Administrative Code [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 261 - The procedure or service is inconsistent with the patient's history.
- 96 - Non-covered charge(s)
- 18 - Exact duplicate claim/service.
- 51 - These are non-covered services because this a pre-existing condition.
- P2 - Not a work related injury/illness and thus not the liability of the workers compensation carrier.

Issues

1. Has the requestor waived their right to medical fee dispute resolution for date of service October 23, 2023?
2. Has the insurance carrier issued payment for dates of service November 17, 2023 and December 15, 2023?

Findings

1. The requestor seeks payment in the amount of \$343.25 for prescriptions dispensed on October 3, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The prescription in dispute was dispensed on October 3, 2023. The medical fee dispute was received by the Division on November 6, 2024. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

A review of the submitted documentation finds that the disputed prescriptions filled on October 3, 2023, do not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this date of service with the Division; consequently, the requestor has waived the right to medical fee dispute resolution for date of service October 3, 2023.

2. The requestor seeks payment for medications dispensed on November 17, 2023, and December 15, 2023. Documentation provided by Injury Management Organization states "Based on a review of the claim history and the submitted documentation, an allowance in the amount of \$733.54 is recommended, this includes interest."

28 TAC §134.503 (c) states the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of 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: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \$4.00 \text{ dispensing fee per prescription} = \text{reimbursement amount};$

Drug	NDC	Generic(G) / Brand(B)	Price / Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed Amt
Bupropion XL	16729-0444-16	G	6.29600	30	\$240.10	\$240.10	\$240.10
Prazosin HCL	70954-0020-10	G	1.32240	60	\$103.18	\$103.15	\$103.15
Bupropion XL	16729-0444-16	G	6.29600	30	\$240.10	\$240.10	\$240.10
Prazosin HCL	70954-0020-10	G	1.32240	60	\$103.18	\$103.15	\$103.15
TOTAL:					\$686.56	\$686.50	\$686.50

The total reimbursement is \$686.50. This amount is recommended.

The recommended allowance was reimbursed by the respondent for dates of service November 17, 2023, and December 15, 2023, as documented on explanation of benefits dated November 22, 2024. As a result, the requestor is not entitled to additional reimbursement for the medications dispensed on November 17, 2023 and December 15, 2023.

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.

The Division finds the requestor has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	February 7, 2025
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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, 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 the Division. **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.