TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requestor Name**
EZ Scripts LLC

**Respondent Name**
Amtrust

**MFDR Tracking Number**
M4-25-0783-01

**Carrier's Austin Representative**
Box Number 17

**DWC Date Received**
December 6, 2024

## Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| April 18, 2024 | 68180-0353-02 | $217.82 | $217.82 |
| April 25, 2024 | 68382-0806-05 | $53.58 | $53.58 |
| June 19, 2024 | 68382-0806-05 | $53.58 | $53.58 |
| June 19, 2024 | 68180-0353-02 | $217.82 | $217.82 |
| May 20, 2024 | 68382-0806-05 | $53.58 | $53.58 |
| May 20, 2024 | 68180-0353-02 | $217.82 | $217.82 |
| July 12, 2024 | 70954-0021-10 | $85.86 | $85.86 |
| July 12, 2024 | 68180-0353-02 | $217.82 | $217.82 |
| August 15, 2024 | 68180-0353-02 | $217.82 | $217.82 |
| | | $1,335.70 | $1,335.70 |

## Requestor's Position

"These medications were Y drugs on the formulary each time they were filled."

**Supplemental response March 4, 2025**
"We have not received payment yet."

**Amount in Dispute:** $1,335.70

## Respondent's Position

"The Carrier is auditing the medical bill in dispute for payment per the fee guidelines."

**Response submitted by:** Downs Stanford P.C.

## 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.

Denial Reasons

- N3 (B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
- HE70 – Product/Service Not Covered
- XD(P12) – This bill was submitted
- HEC4 – Pursuant to Labor Code 4600.2 the carrier is responsible for payment has entered into a contractual agreement with a pharmacy network. Pursuant to previous notifications, this bill has been disallowed.
- D3(P12) – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug.
- 60(B13) – The provider has billed for the exact services on a previous bill.
- ZR(P12) – The provider or a different provider has billed for the exact services on a previous bill where no allowance was originally recommended.

Issues

1. Are the insurance carrier's denials supported?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to reimbursement?

**Findings**

1. The requestor seeks reimbursement prescribed medications with dates of service from April 18, 2024 through August 15, 2024. The insurance carrier denied as non-covered, duplicates and network. Review of the submitted documentation found insufficient evidence to support these denials. The service in dispute will be reviewed per applicable fee guideline.
2. 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: ((AWP per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

   (B) Brand name drugs: ((AWP per unit) x (number of units) x 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 |
|---|---|---|---|---|---|---|---|
| Sertraline HCL | 68180035302 | G | 2.85 | 60 | $217.84 | $217.82 | 217.82 |
| Trazodone HCL | 68382080605 | G | 1.32 | 30 | $53.58 | $53.58 | $53.58 |
| Prazosin HCL | 70954002110 | G | 2.18 | 30 | $85.86 | $85.86 | $85.86 |

The total reimbursement is $1,335.70, 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 Amtrust Insurance Co must remit to EZ Scripts $1,335.70 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

**Authorized Signature**

| | | |
|---|---|---|
| | | March 28, 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. 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 electronico CompConnection@tdi.texas.gov.