



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts

Respondent Name

New Hampshire Insurance Co.

MFDR Tracking Number

M4-25-1536-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 11, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2024	13668013601	\$166.22	\$166.22
October 17, 2024	13668013601	\$166.22	\$166.22
November 5, 2024	65862096901	\$441.81	\$441.80
Total		\$774.25	\$774.25

Requestor's Position

"Escitalopram 10 MG filled on 09/20/2024 and 10/17/2024 were denied by MyMatrixx with the reason 'precertification/authorization/notification/pre-treatment absent'. This was a Y drug on the ODG formulary every time the medication was filled. It did not require preauthorization.

"Eszopiclone 3 MG filled on 11/05/2024 was denied by MyMatrixx with the reason 'precertification/authorization/notification/pre-treatment absent'. This was a Y drug on the ODG formulary when medication was filled. It did not require preauthorization."

Amount in Dispute: \$774.25

Respondent's Position

"It is the carrier's position that the services were not reimbursable for the reasons identified in the carrier's EOBs. The medications required preauthorization."

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.
4. [28 TAC §134.530](#) set out the preauthorization requirements for pharmaceutical services.

Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 27 – Expenses incurred after coverage terminated.

Issues

1. Is the insurance carrier's denial of payment based on preauthorization supported?
2. Is the insurance carrier's denial based on coverage supported?
3. Is EZ Scripts entitled to reimbursement for the drugs in question?

Findings

1. EZ Scripts is seeking reimbursement, in part, for Escitalopram 10 mg dispensed on September 20, 2024, and October 17, 2024. The insurance carrier denied payment based on lack of preauthorization.

Per 28 TAC §134.530(b)(1), preauthorization is only required for:

- drugs identified with a status of "N" in the current edition of the ODG Appendix A;
- any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;

- any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
- any investigational or experimental drug.

DWC finds that the drug in question is not identified with a status of “N” in the applicable edition of the ODG, *Appendix A*. Therefore, this drug does not require preauthorization for this reason.

The submitted documentation does not support that the disputed drug is a compound. Therefore, this drug does not require preauthorization for this reason.

The submitted documentation does not support that the disputed drug is experimental or investigational. Therefore, this drug does not require preauthorization for this reason.

The DWC concludes that the insurance carrier’s denial of payment of the disputed drug based on preauthorization is not supported.

2. EZ Scripts is also seeking reimbursement for Eszopiclone 3 mg dispensed on November 5, 2024. The insurance carrier denied payment stating, “Expenses incurred after coverage terminated.”

28 TAC §§133.305(b) and 133.307(c)(1)(B)(i) state that a dispute regarding compensability/extent of injury must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307(d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability.

Review of the submitted documentation finds that Flahive, Ogden & Latson failed to attach a copy of a related PLN on behalf of New Hampshire Insurance Co. to support a denial based on compensability or liability of the compensable injury.

This dispute is not subject to dismissal as the denial reason was not supported.

3. Because New Hampshire Insurance Co. failed to support its denial reason for the service in this dispute, DWC finds that EZ Scripts is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(a), with relevant formula for generic drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount.

- Escitalopram 10 mg: $(4.32650 \times 30 \times 1.25) + \$4.00 = \$166.24$
x 2 dates of service = \$332.48
- Eszopiclone 3 mg: $(11.67470 \times 30 \times 1.25) + \$4.00 = \$441.80$

The total allowable reimbursement is \$774.28. EZ Scripts is seeking \$774.25. 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 requestor has established that reimbursement of \$774.25 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 New Hampshire Insurance Co. must remit to EZ Scripts \$774.25 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	April 10, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.