



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts LLC

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-25-1632-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

March 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2024	NDC # 68382-0805-10 Trazodone	\$33.48	\$33.48
October 18, 2024	NDC # 68382-0805-10 Trazodone	\$33.48	\$33.48
December 13, 2024	NDC # 50228-0144-05 Bupropion 150	\$182.99	\$182.99
December 13, 2024	NDC # 50228-0145-05 Bupropion 300	\$239.99	\$239.99
December 13, 2024	NDC # 68382-0805-10 Trazodone	\$33.48	\$33.48
December 19, 2024	NDC # 69315-0905-01 Lorazepam	\$51.14	\$51.12
January 9, 2025	NDC # 50228-0144-05 Bupropion 150	\$182.99	\$182.99
January 9, 2025	NDC # 50228-0145-05 Bupropion 300	\$239.99	\$239.99
January 9, 2025	NDC # 68382-0805-10 Trazodone	\$33.48	\$33.48
January 27, 2025	NDC # 51991-0006-33 Desvenlafaxine	\$434.24	\$434.24
Total		\$1,465.26	\$1,465.24

Requester's Position

"Trazadone filled on 09/20/2024, 10/18/2024, 12/13/2024, and 01/09/2025; bupropion filled on 12/13/2024 and 01/09/2025; and desvenlafaxine filled on 01/27/2025 were all denied with the code 'Per TX rule 134.600 pre-auth is required. If services have been preauthorized resubmit the bill with authorization info for reconsideration. (8761).' These medications were all Y drugs on the ODG formulary at the time they were filled and did not require preauthorization. EZ Scripts submitted an appeal of each denied, but the reconsiderations were denied as duplicates. Lorazepam 1 MG filled on 12/19/2024 was denied with the code 'preauthorization is required for drugs identified with a status of 'N' in the current edition of the ODG/Appendix A.' The medication was preauthorized and approved with review number 6735862 on 12/19/2024 with one refill. This is the approved refill. Liberty Mutual bill review denied the submitted appeal as a duplicate."

Amount in Dispute: \$1,465.26

Respondent's Position

"1632 was paid but we are still waiting on the EOB/payment detail."

Response Submitted by: White Espey, PLLC

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 §134.501](#) effective April 22, 2018, 43 TexReg 2275 defines pharmaceutical terms as used prior to November 28, 2024.
4. [28 TAC §134.503](#) effective October 23, 2011, 36 TexReg 6949 sets out the fee guidelines for pharmaceutical services before November 28, 2024.
5. 28 TAC §§[134.530](#) and [134.540](#) effective April 22, 2018, 43 TexReg 2275 set out the preauthorization requirements for pharmaceutical services before November 28, 2024.

Denial Reasons

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

- 8761 – Per TX Rule 134.600 pre-auth is required. If services have been preauthorized resubmit the bill with authorization info for reconsideration.
- 4121 – Preauthorization is required for drugs identified with a status of “N” in the current edition of the “Official Disability Guidelines Treatment in Workers’ Comp” (ODG)/Appendix A, “ODG Workers’ Compensation Drug Formulary” and any updates.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 269 - This billing is for a service unrelated to the work illness or injury.
- U301 – This item has been reviewed on a previously submitted bill, or is currently in process. Notification of decision has been previously provided or will be issues upon completion of our review.
- 5917 – Pre-authorization was required, but not requested for this service per DWC Rule 134.600.

Issues

1. Does the dispute involve unresolved compensability issues?
2. Is the insurance carrier’s denial based on preauthorization for Trazodone, Bupropion, Desvenlafaxine Succinate and Lorazepam supported?
3. Is the requester entitled to reimbursement for the drug in question?

Findings

1. The insurance carrier denied Trazodone and Bupropion dispensed on December 13, 2024, citing denial reason code(s) “269 - This billing is for a service unrelated to the work illness or injury.”

28 TAC §133.305(b) mandates that disputes concerning compensability of work injury must be resolved before filing a medical fee dispute for the same service.

Upon review, the carrier did not submit evidence to the Division confirming that it filed Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

Additionally, the carrier failed to provide proof that the PLN was timely presented to the requester prior to the medical fee dispute request. Therefore, the compensability denial was not timely presented as required by 28 TAC §133.240.

Since no unresolved compensability issues exist, this dispute is eligible for medical fee adjudication under 28 TAC §133.307 and will be addressed accordingly.

2. The requester seeks reimbursement for prescription medication dispensed on multiple dates from September 20, 2024, through January 27, 2025. The insurance carrier denied reimbursement for the disputed drugs, Trazodone, Bupropion, Desvenlafaxine Succinate and Lorazepam asserting that preauthorization was required.

A review of the submitted documentation indicates that the insurance carrier denied the disputed drugs based on preauthorization. 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.

The DWC finds that Trazodone, Bupropion, and Desvenlafaxine Succinate are identified with a status of "Y" in the applicable edition of the ODG, Appendix A. Therefore, these drugs do not require preauthorization for this reason. The DWC concludes that the insurance carrier's denial of payment of the disputed drugs based on preauthorization is not supported.

The DWC finds that Lorazepam is identified with a status of "N" in the applicable edition of the ODG, Appendix A. Therefore, these drugs do require preauthorization for this reason. The DWC concludes that the insurance carrier's denial of payment of the disputed drug based on preauthorization is supported.

A review of the medical records finds, prior authorization was obtained by requester on December 19, 2024, from Genex on behalf of respondent Old Republic Insurance Company.

Based on the documentation provided, DWC finds that the carrier failed to sufficiently support the denial for reimbursement. The requester is therefore entitled to reimbursement for the medications in dispute.

3. Because the insurance carrier failed to support its denial of payment, EZ Scripts is entitled to reimbursement.

According to 28 TAC §134.503(c), reimbursement for prescription drugs must be calculated as the lesser of the amounts determined using formulas based on the Average Wholesale Price (AWP) in effect on the date the drug was dispensed, as published by a nationally recognized pharmaceutical pricing guide.

For generic drugs, the formula is:

$((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \$4.00 \text{ dispensing fee} = \text{Reimbursement Amount}$

Given that the denial was not properly supported and no extent-of-injury dispute prevents fee resolution, the requester is entitled to reimbursement based on the applicable fee guidelines under 28 TAC §134.503.

The calculation of the total allowable amount is as follows:

Drug	NDC	Generic(G) Brand(B)	Price/ Unit	Units Billed	AWP Formula	Billed Amount	Lesser of AWP and Billed
Trazodone	68382-0805-10	G	0.78632	30	\$33.49	\$33.48	\$33.48
Trazodone	68382-0805-10	G	0.78632	30	\$33.49	\$33.48	\$33.48
Bupropion HCl 150 MG	50228-0144-05	G	4.77334	30	\$183.00	\$182.99	\$182.99
Bupropion HCl 300 MG	50228-0145-05	G	6.29334	30	\$240.00	\$239.99	\$239.99
Trazodone	68382-0805-10	G	0.78632	30	\$33.49	\$33.48	\$33.48
Lorazepam	69315-0905-01	G	0.83770	45	\$51.12	\$51.14	\$51.12
Bupropion HCl 150 MG	50228-0144-05	G	4.77334	30	\$183.00	\$182.99	\$182.99
Bupropion HCl 300 MG	50228-0145-05	G	6.29334	30	\$240.00	\$239.99	\$239.99
Trazodone	68382-0805-10	G	0.78632	30	\$33.49	\$33.48	\$33.48
Desvenlafaxine Succinate	51991-0006-33	G	11.47333	30	\$434.25	\$434.24	\$434.24
Total						\$1,465.26	\$1,465.24

The DWC finds that the requester is entitled to reimbursement in the amount of \$1,465.24. Therefore, this amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 reimbursement of \$1,465.24 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Old Republic Insurance Company must remit to EZ Scripts LLC \$1,465.24 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 6, 2025

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.