



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts

Respondent Name

Pennsylvania Manufacturers Association

MFDR Tracking Number

M4-25-2405-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 30, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| April 1, 2025 | 50228-0158-05 | \$363.55 | \$0.00 |

Requestor's Position

"EZ Scripts does not have a contract with Triton HealthCare Partners or any network partner. We seek additional payment for the date of service."

Supplemental response submitted July 28, 2025

"We have no record of this check in our system. Did the carrier issue payment to the PBM or to EZ Scripts directly? If payment was sent to the PBM, they have yet to remit the additional \$363.55 to EZ Scripts."

Amount in dispute \$363.55

Respondent's Position

"The provider has been paid 100% of its bill."

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 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. [The Texas Insurance Code \(TIC\) Chapter 1305](#) sets out the general provisions for workers' compensation health care networks.
4. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical benefits.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.
6. [Texas Labor Code §401.011](#) sets out general definitions for the Texas Workers' Compensation Act.
7. [Texas Labor Code §408.0281](#) sets out reimbursement for pharmaceutical services, administrative violations.

Denial Reasons

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

- P24 – This bill been reviewed with state certified databases including WHA information center and/or FairHealth, or proprietary charge and reimbursement data.

Issues

1. Is the insurance carrier's reduction supported?
2. What rule is applicable to reimbursement.
3. Is the requester entitled to additional reimbursement for the drug in question?

Findings

1. The requester seeks additional reimbursement in the amount of \$363.55 for a prescription medication dispensed April 1, 2025. The insurance carrier reduced reimbursement with reduction code P24 stating "This bill has been reviewed with state certified databases including WHA information center and/or FairHealth, or proprietary charge and reimbursement data...."

Sec 1305.101, titled *Providing or Arranging for Health Care*, states in relevant part, "(c) Notwithstanding any other provision of this chapter, prescription medication or services, as defined by Section [401.011\(19\)\(E\)](#), Labor Code, may not, directly or through a contract, be delivered through a workers' compensation health care network. Prescription medication and

services shall be reimbursed as provided by Section 408.0281, Labor Code, other provisions of the Texas Workers' Compensation Act, and applicable rules of the commissioner of workers' compensation."

The division finds that the disputed prescription medications dispensed by the provider may not, directly or through a contract, be delivered through a workers' compensation health care network. The insurance carrier's reduction of payment for this reason is not supported.

Because the insurance carrier failed to support its reduction of payment, the requester is entitled to additional reimbursement for the drugs in question.

2. The service in dispute will be reviewed per the applicable fee guidelines. 28 TAC §134.503 (c) (1) (A)(B)(C) states in pertinent part, 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 or the billed amount.
 - Generic drugs: $(AWP \text{ per unit}) \times (\text{number of units}) \times 1.25 + \$4.00 \text{ dispensing fee per prescription} = \text{reimbursement amount.}$

The calculation of the total allowable amount is as follows:

| Drug Name | NDC No. | Generic (G) Brand (B) | AWP Price/Unit | AWP | Billed Amount | Lesser of AWP and Billed Amount |
|-----------|-------------|--------------------------|-------------------|----------|------------------|---------------------------------------|
| Celecoxib | 50228015805 | G | 7.581/90 | \$856.90 | \$856.86 | \$856.86 |

3. The DWC finds that the total allowed amount is \$856.86. The insurance carrier supports a payment made in the amount of \$493.31 on May 1, 2025 draft number 1187846180 and a payment of \$363.55 that finalized on July 31, 2025. The total amount paid was \$856.86. No additional payment 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 EZ Scripts has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the EZ Scripts is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 26, 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 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.