



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts LLC

Respondent Name

Everest Premier Insurance Co

MFDR Tracking Number

M4-25-2550-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 12, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 2, 2025	31722-0665-90	\$135.36	\$135.36
		\$135.36	\$135.36

Requester's Position

"esomeprazole Magnesium 40mg filled on 01/02/2025 were paid by Cadence RX and reduced with the code "this bill has been reviewed with state certified databases including WHA information center and/or FairHealth, or proprietary charge and reimbursement data. ...EZ Scripts does not have a contract with Triton Healthcare Partners or any network partner. We seek additional payment for the date of service."

Amount in Dispute: \$135.36

Respondent's Position

The Austin carrier representative for Everest Premier Insurance Co is Flahive, Ogen & Latson. The representative was notified of this medical fee dispute on June 13, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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

- P24 – This bill has 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 reimbursement?

Findings

1. The requester seeks reimbursement of the medication Esomeprazole Mag 40 mg quantity 30 for date of service January 2, 2025. The insurance carrier reduced the allowed amount as shown above. 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 denial of payment, the requester is entitled to additional reimbursement for the drugs in question.

- 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.

(A) Generic drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand-name drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.09) + \4.00 dispensing fee per prescription = reimbursement amount;

The calculation of the total allowable amount is as follows:

Drug Name	NDC No.	Generic (G) Brand (B)	Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
Esomeprazole	31722066590	G	8.522/30	\$323.58	\$323.58	\$323.58

- The DWC finds the allowable reimbursement is \$323.58. The insurance carrier paid \$188.22. An additional payment of \$135.36 is due to the requester.

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 additional reimbursement 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 Everest Premier Insurance Co must remit to EZ Scripts LLC \$135.36 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

September 17, 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.