



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts

Respondent Name

Great American Alliance Insurance

MFDR Tracking Number

M4-25-2734-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 30, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 8, 2024	51991074890	\$1,700.72	\$1,700.72
	60505025202	\$333.62	\$333.62
	60505025202	\$9.45	\$0.00
April 1, 2025	72205001690	\$1,216.99	\$1,216.60
	13668000801	\$76.11	\$76.11
	00406012510	\$77.43	\$77.43
	50228015805	\$359.71	\$359.71
	50228018010	\$569.58	\$569.58
	27241009990	\$1,770.70	\$1,770.61
	55111018010	\$333.62	\$333.62
	31722071390	\$257.52	\$257.52
April 7, 2025	67877052890	\$1,478.54	\$1,478.50
	68180015209	\$1,868.24	\$1,868.20
	13668056730	\$3,517.92	\$3,517.92
April 29, 2025	00406012510	\$74.82	\$74.82
	13668000801	\$76.50	\$76.50
Total		\$13,721.08	\$13,711.46

Requester's Position

"The medical report was submitted to the claim's administrator by the prescriber's office as they are billing workers compensation as well ... The medical records state these medications were prescribed as part of the plan to the patient's ... diagnosis. Medical records were submitted to both the adjuster and PBM, but the denial was upheld ... Mirabegron was preauthorized and approved on 04/01/2025 ... The rest of the medications filled on 04/01/2025, 04/07/2025, and 04/29/2025 were paid by Cadence RX and reduced ... 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: \$13,721.08

Respondent's Position

"Some of the medical bills were denied because the provider failed to provide sufficient documentation to support any reimbursement of those bills. Other bills were partially paid. They were reduced in accordance with the Medical Fee Guidelines. The reductions were explained on the EOBs."

Response Submitted by: Flahive, Ogden & Latson

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 \(TAC\) §133.210](#) sets out the requirements for medical records.
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. [Texas Insurance Code \(TIC\) §1305.101](#) addresses providing or arranging health care for claims in a workers' compensation health care network.
5. [TLC §408.021](#) addresses entitlement to medical benefits.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing error(s).
- 205 – This charge was disallowed as additional information/definition is required to

clarify service/supply rendered.

- 251 – The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.
- Q08 – Detailed NDC-1 code, dosage and strength must be provided for this drug (or all components of a compound drug).
- A1 – Claim/Service denied. Need Medical Report.
- N30 – Patient ineligible for this service.
- 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 Great American Alliance Insurance’s denial of payment for Docusate/Sennosides supported?
2. Is the insurance carrier’s denial of payment based on lack of documentation supported?
3. Is the insurance carrier’s reduction of payment based on network reimbursement supported?
4. Is the insurance carrier’s denial of payment based on patient eligibility supported?
5. Is EZ Scripts entitled to additional reimbursement for the drugs in question?

Findings

1. EZ Scripts is seeking reimbursement, in part, for NDC 60505025202 labeled as Docusate/Sennosides with a bill date of October 8, 2024 for \$9.45. The insurance carrier denied payment stating, “Claim/service lacks information or has submission/billing error(s).” DWC finds that this drug is not associated with this NDC number. Therefore, the insurance carrier’s denial reason is supported. No reimbursement can be recommended for this drug.
2. EZ Scripts is also seeking reimbursement for the following:
 - \$1,700.72 for NDC 51991074890, Duloxetine HCl, dispensed on October 8, 2024;
 - \$333.62 for NDC 60505025202, Tizanidine HCl, dispensed on October 8, 2024;
 - \$1,478.54 for NDC 67877052890, Solifenacin Succinate, dispensed on April 7, 2025; and
 - \$1,868.24 for NDC 68180015209, Mirabegron, dispensed on April 7, 2025.

The insurance carrier denied payment for these drugs based on lack of documentation. Documentation is not required to be submitted with the medical bill for the services in dispute according to 28 TAC §133.210. When an insurance carrier needs more information to process the bill, 28 TAC §133.210(d) requires a request to the health care provider that must:

- (1) be in writing;
- (2) be specific to the bill;
- (3) specifically describe the information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that the health care provider has;
- (6) indicate the specific reason that the insurance carrier needs the information; and
- (7) include a copy of the bill that the insurance carrier is requesting the additional documentation for.

The insurance carrier failed to submit evidence that it made an appropriate request for additional documentation with the required specificity. The insurance carrier's denial for this reason is not supported.

3. EZ Scripts is also seeking reimbursement for the following:

- \$1,216.99 for NDC 72205001690, Pregabalin, dispensed on April 1, 2025;
- \$76.11 for NDC 13668000801, Zolpidem, dispensed on April 1, 2025;
- \$77.43 for NDC 00406012510, Hydrocodone/APAP 10-325, dispensed on April 1, 2025;
- \$359.71 for NDC 50228015805, Celecoxib, dispensed on April 1, 2025;
- \$569.58 for NDC 50228018010, Gabapentin, dispensed on April 1, 2025;
- \$257.52 for NDC 31722071390, Pantoprazole Sodium, dispensed on April 1, 2025;
- \$3,517.92 for NDC 13668056730, Tadalafil, dispensed on April 7, 2025;
- \$74.82 for NDC 00406012510, Hydrocodone/APAP 10-325; dispensed on April 29, 2025; and
- \$76.50 for NDC 13668000801, Zolpidem Tartrate, dispensed on April 29, 2025.

The insurance carrier reduced the payment for these drugs based on network reimbursement rates. Per TIC §1305.101(c), prescription medication or services may not, directly or through a contract, be delivered through a workers' compensation health care network.

DWC concludes that the disputed prescription medication dispensed by the provider in this case – is not subject to the provisions of a workers' compensation health care network. Therefore, the insurance carrier's reduction for this reason is not supported.

4. EZ Scripts is also seeking reimbursement of \$333.62 for NDC 55111018010, Tizanidine HCl and \$1,770.70 for NDC 27241009990 Duloxetine HCl dispensed on April 1, 2025. The insurance carrier denied payment for these drugs stating, "Patient ineligible for this service."

TLC §408.021(a) states, "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- (1) cures or relieves the effects naturally resulting from the compensable injury;
- (2) promotes recovery; or
- (3) enhances the ability of the employee to return to or retain employment."

DWC finds that the insurance carrier failed to provide any evidence to explain why the injured employee was not entitled to the drugs in question. This denial reason is not supported.

5. Because the insurance carrier failed to support its reduction or denial of payment, EZ Scripts is entitled to the following reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(1)(A), with relevant formula for generic drugs: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount.

Date of Service	Drug	NDC	Generic(G)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and	Paid Amt	Amount Due
10/8/2024	Duloxetine HCl 60 mg	51991074890	G	\$7.54100	180	\$1,700.73	\$1,700.72	\$1,700.72	\$0.00	\$1,700.72
10/8/2024	Tizanidine HCl 4 mg	60505025202	G	\$1.46524	180	\$333.68	\$333.62	\$333.62	\$0.00	\$333.62
10/8/2024	Docusate/Sennosides	60505025202	G	NA	NA	\$0.00	\$9.45	\$0.00	\$0.00	\$0.00
4/1/2025	Pregabalin 200 mg	72205001690	G	\$8.42733	270	\$2,848.22	\$2,848.11	\$2,848.11	\$1,631.51	\$1,216.60
4/1/2025	Zolpidem Tart 10 mg	13668000801	G	\$4.62540	30	\$177.45	\$177.44	\$177.44	\$101.33	\$76.11
4/1/2025	Hydrocodone/APAP 10-325 mg	00406012510	G	\$0.92921	150	\$178.23	\$178.19	\$178.19	\$100.76	\$77.43
4/1/2025	Celecoxib 200 mg	50228015805	G	\$7.58136	90	\$856.90	\$856.86	\$856.86	\$497.15	\$359.71
4/1/2025	Gabapentin 300 mg	50228018010	G	\$1.33200	810	\$1,352.65	\$1,352.65	\$1,352.65	\$783.07	\$569.58
4/1/2025	Duloxetine HCl 60 mg	27241009990	G	\$7.85160	180	\$1,770.61	\$1,770.70	\$1,770.61	\$0.00	\$1,770.61
4/1/2025	Tizanidine HCl	55111018010	G	\$1.46507	180	\$333.64	\$333.62	\$333.62	\$0.00	\$333.62
4/1/2025	Pantoprazole Sodium 40 mg	31722071390	G	\$5.26711	90	\$596.55	\$596.54	\$596.54	\$339.02	\$257.52
4/7/2025	Solifenacin Succinate Oral	67877052890	G	\$13.10667	90	\$1,478.50	\$1,478.54	\$1,478.50	\$0.00	\$1,478.50
4/7/2025	Mirabegron 50 mg	68180015209	G	\$16.57067	90	\$1,868.20	\$1,868.24	\$1,868.20	\$0.00	\$1,868.20
4/7/2025	Tadalafil 10 mg	13668056730	G	\$72.06400	90	\$8,111.20	\$8,111.20	\$8,111.20	\$4,593.28	\$3,517.92
4/29/2025	Hydrocodone/APAP 10-325 mg	00406012510	G	\$0.92921	150	\$178.23	\$178.19	\$178.19	\$103.37	\$74.82
4/29/2025	Zolpidem Tart 10 mg	13668000801	G	\$4.62540	30	\$177.45	\$177.44	\$177.44	\$100.94	\$76.50
Total							\$21,961.89	\$8,250.43	\$13,711.46	

The total allowable amount for the drugs in question is \$21,961.89. According to submitted explanations of benefits, the insurance carrier paid \$8,250.43. DWC finds that EZ Scripts is entitled to an additional reimbursement of \$13,711.46. 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 additional reimbursement of \$13,711.46 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Great American Alliance Insurance must remit to EZ Scripts \$13,711.46 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 19, 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.