



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

EZ Scripts LLC

**Respondent Name**

Berkshire Hathaway Direct Ins

**MFDR Tracking Number**

M4-26-0171-01

**Insurance Carrier's Austin Representative**

BOX 6 Stone Loughlin & Swanson LLP

**DWC Date Received**

September 17, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 12, 2024	72205-0012-90 / Pregabalin	\$952.04	\$0.00
October 9, 2024	72205-0012-90 / Pregabalin	\$952.04	\$952.04
December 4, 2024	72205-0012-90 / Pregabalin	\$952.04	\$952.04
January 2, 2025	72205-0012-90 / Pregabalin	\$952.04	\$952.04
January 30, 2025	72205-0012-90 / Pregabalin	\$952.04	\$952.04
<b>Total</b>		<b>\$4,760.20</b>	<b>\$3,808.16</b>

## Requester's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted to Gallagher Bassett in a timely manner after each prescription was filled. MyMatrixx and Gallagher Bassett bill review denied the Pregabalin for Not a Work Related Injury. These were Y drug on the ODG drug formulary."

**Amount In Dispute:** \$4,760.20

## Respondent's Position

"Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for bill review audit and payment. Supplemental response will be provided once the bill auditing company has finalized their review"

**Response Submitted By:** Gallagher Bassett

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.305](#) sets out the procedures for resolving medical disputes.
3. 28 TAC Section [134.503](#) sets out the fee guidelines for services provided by a pharmacy.

### Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. P4 – Workers' compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment ...
2. P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.
3. PP – Paid in full – No adjustment to charged amount.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier submit a copy of PLN in support of the denial reason?
3. Is the Requester eligible for DWC medical fee dispute resolution for date of service of September 12, 2024?
4. Is the requester entitled to reimbursement for dates of service October 9, 2024, December 4, 2024, January 2, 2025 and January 30, 2025?

### Findings

1. The requester is seeking reimbursement for prescription medication dispensed on multiple dates of service between September 12, 2024 and January 30, 2025. The insurance carrier denied payment for these medications, citing denial codes P4 and P2 (descriptions provided

above).

2. The insurance carrier denied payment with denial codes that state, "P4 - Workers' compensation claim adjudicated as non-compensable. This payer not liable for claim or service/treatment ..." and "P2 - Not a work related injury/illness and thus not the liability of the workers' compensation carrier".

28 TAC Section 133.305(b) states, "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

A review of the documents submitted by the parties finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by 28 TAC Section 133.307(d)(2)(H).

The division determines that the respondent failed to provide sufficient information to MFDR to demonstrate that the PLN was ever presented to the requester or that the requester was informed of the PLN before the filing date of the medical fee dispute resolution request. The service in dispute does not involve an unresolved compensability issue; therefore, this matter is eligible for the adjudication of a medical fee under 28 TAC Section 133.307.

3. The requester seeks payment in the amount of \$952.04, for prescription drug Pregabalin dispensed on September 12, 2024.

28 TAC Section 133.307(c)(1) states in the pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The service in question was dispensed on September 12, 2024. The medical fee dispute was received by the Division on September 17, 2025. This date is more than a year following the in-question date of service.

28 TAC Section 133.307(c)(1)(A) states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

A review of the submitted documentation finds that the disputed service does not involve issues identified in 28 TAC 133.307(c)(1)(B). The Division concludes that the requester has failed to file timely for reimbursement of Pregabalin dispensed on September 12, 2024, with the Division; consequently, the requester has waived the right to medical fee dispute.

4. DWC Rule 28 TAC Section 134.503(c) states 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:

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

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
Pregabalin	72205-0012-90	G	8.42733	90	\$952.07	\$952.04	\$952.04
Pregabalin	72205-0012-90	G	8.42733	90	\$952.07	\$952.04	\$952.04
Pregabalin	72205-0012-90	G	8.42733	90	\$952.07	\$952.04	\$952.04
Pregabalin	72205-0012-90	G	8.42733	90	\$952.07	\$952.04	\$952.04
<b>Total</b>						\$3,808.16	\$3,808.16

DWC has determined that the requester is entitled to total reimbursement in the amount of \$3,808.16 for services provided on October 9, 2024; December 4, 2024; January 2, 2025; and January 30, 2025.

### Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

### **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Berkshire Hathaway Direct Ins must remit to EZ Scripts LLC \$3,808.16 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 17, 2026  
\_\_\_\_\_  
Date

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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](http://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 800-252-7031, option three or email [CompConnection@tdi.texas.gov](mailto: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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).