TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts

Respondent Name

Sompo America Fire & Marine Ins.

MFDR Tracking Number

M4-26-2484-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

May 2, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 15, 2025	72205-0012-90	$1,268.05	$1,268.05
October 22, 2025	29300-0419-01	$27.85	$25.63
	Total	$1,295.90	$1,293.68

Requester's Position

"Enclosed are the outstanding pharmacy bills from EZ Scrips, which were submitted to Gallagher Bassett in a timely manner after each prescription was filled. ...The dispensed medication is directly related to the patient's injury and was prescribed as treatment of this patient's worker's compensation claim which has been verified."

Amount In Dispute: $1,295.90

Respondent's Position

"It remains the Carrier's position that the Provider is not entitled to any additional monies."

Response Submitted By: Flahive, Ogden & Latson

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 Sections 134.530 and 134.540 set out the preauthorization requirements for pharmaceutical services.
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:

- 10 – Payment denied: total denial: total compensability denied or the injury or illness for which service was rendered is not compensable.
- P2 – Not a work related injury/illness and thus not the liability of the workers compensation carrier.
- P4 – Workers Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 39 – Services denied at the time authorization/pre-certification was requested.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- 666 – Reason code not found.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- P4 – Workers Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier support of non-compensability supported?
3. What rule is applicable to reimbursement of the disputed services?

4. Has DWC determined if reimbursement is due to the requester?

Findings

1. The requester is seeking reimbursement of the medications Pregabalin and Amitriptyline for dates of service in October of 2025 in the amount of $1,295.90. The insurance carrier maintained their denial based on Non-compensability.

2. The rules pertaining to the insurance carriers' notification requirements are found in 28 TAC Section 133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).
   28 TAC Section 124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."
   Review of the submitted information finds no copies, as required by Rule Section 133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule 28 TAC Section 124.2.
   The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule Section 133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.
   Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.
3. The rule pertaining to reimbursement of pharmacy services is 28 TAC Section 134.503(c)(1)(A)(B) 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 per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

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

Medication	NDC #	Units/AWP	AWP	Billed Amount	Lesser of AWP and billed amount
Pregabalin	72205001290	120/8.427	$1,268.10	$1,268.05	$1,268.05
Amitriptyline	29300041901	60/0.318	$27.85	$27.85	$27.85

4. Based on the information available at the time of this review, DWC finds the insurance carrier's denial based on non-compensability was not considered as notification requirements not met. The Maximum Allowed Reimbursement (MAR) for the Pregabalin is $1,268.05. The MAR for the Amitriptyline is $27.85. The explanation of benefits indicates an allowed amount of $2.22. The remaining amount due for the Amitriptyline is $25.63. The total MAR is ($1,268.05 + $25.63) or $1,293.68. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 Sompo America Fire & Marine Insurance must remit to EZ Scripts $1,293.68 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	June 4, 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. 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.

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 electronico CompConnection@tdi.texas.gov.