



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ Scripts

**Respondent Name**

Ace American Insurance Co

**MFDR Tracking Number**

M4-25-2394-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

May 29, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 26, 2025	00406-0124-05	\$47.42	\$47.36
March 26, 2025	55111-0180-10	\$72.36	\$72.36
March 26, 2025	33342-0156-15	\$146.03	\$146.03
March 26, 2025	31722-0150-05	\$80.06	\$80.06
April 1, 2025	00093-3657-40	\$244.90	\$244.90
<b>Total</b>		<b>\$590.77</b>	<b>\$590.71</b>

### 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."

**Amount in dispute** \$590.77

### Respondent's Position

The Austin carrier representative for Ace American Insurance Co is Downs Stanford PC. The representative was notified of this medical fee dispute on June 2, 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

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed property.
- P24 – This bill been reviewed with state certified databases including WHA information center and/or FairHealth, or proprietary charge and reimbursement data.
- A1 – Claim/Service denied. Need medical report.

### 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 drugs in question?

### Findings

1. The requester seeks additional reimbursement in the amount of \$590.77 for prescription medications dispensed February through April 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 per unit) x (number of units) x 1.25) + \$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)	AWP Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
Hydrocodone/ Acetaminophen	00406012405	G	0.76/120	\$118.39	\$118.45	\$118.39
Tizanidine	55111018010	G	1.46/90	\$168.82	\$168.81	\$168.81
Celecoxib	33342015615	G	4.616/60	\$350.20	\$350.20	\$350.20
Gabapentin	31722015005	G	1.60/90	\$184.73	\$184.68	\$184.68
Buprenorphine	00093365740	G	114.75/4	\$577.83	\$577.82	\$577.82
					Total	\$1,399.90

3. The DWC finds that the requester is entitled to reimbursement in the amount of \$1,399.90.

The carrier paid the following amounts.

- \$71.03 – DCN – 5320250318057421
- \$405.24 – DCN – 5320250330000399
- \$332.92 – DCN - 5320250408040698
- Total - \$809.19

The remaining balance due to the requester is \$590.71. This amount 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 established that additional reimbursement of \$590.71 is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the EZ Scripts is entitled to additional reimbursement for the disputed services. It is ordered that Ace American Insurance Co must remit to EZ Scripts \$590.71 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

August 21, 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](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 1-800-252-7031, option 3 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 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](mailto:CompConnection@tdi.texas.gov).