



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts

Respondent Name

Judson ISD

MFDR Tracking Number

M4-25-3133-01

Carrier's Austin Representative

Box Number 16

DWC Date Received

July 30, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 4, 2024	00603-1880-16	\$389.35	\$389.34
October 3, 2024	00603-1880-16	\$389.35	\$389.34
November 4, 2024	00603-1880-16	\$389.35	\$0.00
		\$1,168.05	\$778.68

Requester's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted to Tristar Risk Management in a timely manner after each prescription was filled. Bill review denied the Lidocaine 5% Patch filled on 9/4/2024, 10/3/2024 and 1/4/2024. Bills were received by the carrier and adjustor is non-responsive to what is needed to have these paid."

Amount in Dispute: \$1,168.05

Respondent's Position

The Austin carrier representative for Judson ISD is Ray Pena McChristian PC. The representative was notified of this medical fee dispute on July 31, 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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- D3(P12) – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug.
- T219 – Extent of injury. Not finally adjudicated.

Issues

1. What services are in dispute?
2. Did the carrier follow the appropriate administrative process to support the denial reasons listed on the explanation of benefits?
3. What rule is applicable to reimbursement?
4. Is the requester entitled to reimbursement?

Findings

1. The requester lists NDC 00603-1880-16 for date of service November 4, 2024 as being in dispute on their submitted DWC60.

The submitted medical bill indicates NDC 65162-0791-08 for date of service November 4, 2024.

DWC Rule 133.307 (c)(2)(j) states in pertinent part, Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance

with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills); details the information required when submitting a request for MFDR.

The requester did not include a copy of the medical bill for NDC 00603-1880-16 for date of service November 4, 2024. This date of service will not be considered in this review.

2. The requester seeks reimbursement of the medication Lidocaine Patch 5% dispensed September 4, 2024, and October 3, 2024. DWC Rule 28 TAC §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).

DWC Rule 28 TAC §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 §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier’s denial reason is therefore not supported.

Furthermore, because the respondent failed to meet the requirements of Rule §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 service in dispute will be reviewed per the applicable fee guidelines. DWC Rule 28 TAC §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: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand-name drugs: $((\text{AWP 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

Lidocaine 5% Patch	00603188016	G	10.27/30	\$389.34	\$389.35	\$389.34
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4. The DWC finds that the respondent did not support the denial of extent of injury as required in applicable rule(s). The Maximum Allowed Reimbursement (MAR) was calculated for each date of service in dispute per applicable fee guideline. The total MAR for each disputed date of service is $\$389.34 \times 2 = \778.68 . 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 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 Judson ISD must remit to EZ Scripts \$778.68 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

_____	_____	October 23, 2025
Signature	Medical Fee Dispute Resolution Officer	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.