



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

EZ Scripts

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-25-3234-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

August 9, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 7, 2025	68084-0975-01	\$284.50	\$0.00
April 10, 2025	59651-0361-05	\$288.25	\$0.00
April 10, 2025	50228-0158-05	\$177.48	\$0.00
<b>Total</b>		\$750.23	\$0.00

### Requester's Position

"Oxycodone 15mg filled on 03/07/2025 was denied for invalid NDC and lack information. I sent an appeal with medical records and stated the NDC prescribed on the other dates of services was out-of-stock at that time. Pharmacy used a different NDC for the same medication. We never received a response to the appeal. ...Oxycodone 15mg and Buspirone 5mg filled on 4/10/2025 was denied for Entitlement to Benefits. When I spoke to the adjuster on 07/10/2025, she stated the claim settled through a 3<sup>rd</sup> party on April 10, 2025. It is my understanding that the bills should be paid up until the settlement date."

**Amount in Dispute:** \$750.23

### Respondent's Position

The Austin carrier representative for Indemnity Insurance Co of North American is Downs & Stanford, PC. The representative was notified of this medical fee dispute on August 12, 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.
3. [28 TAC §133.10](#) sets required billing elements on a pharmacy bill.
4. [TLC §408.021](#) sets out the entitlement to medical benefits.
5. [TLC §401.011](#) sets out provisions of Texas Workers' Compensation Act

### Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.(ANSI116)
- M119 – Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC) RARCM119)
- Repackaged Drug, please resubmit with NDC as identified by the original labeler. (RX06).
- W11 – Entitlement to benefits (TX03)

### Issues

1. Is the insurance carrier's denial for lack of information/invalid NDC number supported?

2. Is the insurance carrier's denial for entitlement to benefits supported?
3. What rule is applicable to submission of pharmacy medical bills?

### Findings

1. The requester has submitted to MFDR a request for the medication Oxycodone submitted on the DWC066 Statement of Pharmacy Services for date of service March 7, 2025 under NDC 68084-0975-01. The prescription label for March 7, 2025 indicates NDC 00406-8515-01. The insurance carrier denied the claim based on the NDC number on the label not matching the NDC number on the medical bill. The requester indicates on their position statement, "Pharmacy used a different NDC for the same medication." DWC Rule §133.10 (f) (3) (R), (S) states, "The following data content or data elements are required for a complete pharmacy medical bill related to Texas workers' compensation health care:

(R) generic National Drug Code (NDC) code (DWC-066/field 21) is required when a generic drug was dispensed or if dispensed as written code '2' is reported in DWC-066/field 19;

(S) name brand NDC code (DWC-066/field 22) is required when a name brand drug is dispensed..."

As the submitted information in filed 21 is not the NDC number of the dispensed medication, per the dispensing label, the insurance carrier's denial is supported. Reimbursement for date of service March 7, 2025 is not recommended.

2. The insurance carrier denied the medications dispensed on April 10, 2025 based on entitlement to benefits.

The insurance carrier did not submit a response to this request for MFDR to substantiate the denial based on entitlement.

DWC finds that Texas Labor Code (TLC) 408.021 applies to the injured employee's entitlement to the disputed medical benefits, which states in pertinent part, "ENTITLEMENT TO MEDICAL BENEFITS. (a) 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.

TLC 408.021 (b) states, "Medical benefits are payable from the date of the compensable injury." TLC § 401.011(19) defines "Health Care" and states in part, ". . . includes all reasonable and necessary medical aid, medical examinations, medical treatment, medical diagnoses, medical evaluations, and medical services."

DWC finds that without any information to support no entitlement to benefits, the injured

employee involved in this dispute was entitled to the medical benefits rendered on the disputed date of service.

Therefore, the insurance carrier’s denial reason is not supported. The requester is therefore entitled to reimbursement for service date April 10, 2025.

3. The information submitted on DWC066 form for the April 10, 2025 date of service indicates,
- NDC – Oxycodone HCL 15 mg / NDC 10702-0008-50
    - NDC found on medication label for April 10, 2025 is 00406-8515-01
  - NDC – Bupirone HCL 5mg – 29300-0244-01
    - NDC found on medication label for April 10, 2025 is 00093-0053-01

As stated above, DWC Rule §133.10(f)(3)(R) and (S) requires that the NDC number of the dispensed drug(s) be listed on the pharmacy claim form. Because the NDC numbers on the dispensing label and the submitted pharmacy claim do not match, no payment is recommended for the medications dispensed on April 10, 2025.

### 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 not established that reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	October 28, 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](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).