



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-25-3413-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 5, 2024	29300-0125-10	\$185.69	\$0.00
December 5, 2024	00406-0485-01	\$44.72	\$44.71
	Total	\$230.41	\$44.71

Requester's Position

"On July 10, 2025 the adjuster confirmed no medications were denied per peer or utilization review. He said he would provide MyMatrixx with approval to process the bills. EZ Scripts also submitted an appeal. The bills were denied again by MyMatrixx with the same code."

Amount in Dispute: \$230.41

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on August 28, 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.10](#) sets out the required billing forms and formats for health care provider billing.
3. [TLC §408.021](#) sets out entitlement to benefits.
4. [TLC §401.011](#) defines health care.
5. [28 TAC §134.503](#) sets out the pharmacy fee guidelines.

Denial Reasons

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

- 27 – Expenses incurred after coverage terminated.

Issues

1. Did the requester submit the medical bill per billing requirements?
2. Is the respondent's denial supported?
3. What rule is applicable to reimbursement?
4. Is the requester due payment?

Findings

1. The requester submitted a request for MFDR for medications dispensed on December 5, 2024. The submitted DWC060 and DWC066 contained the NDC 29300-0125-10 for Meloxicam 15mg. Review of the submitted dispensing label indicates NDC 11788-0099-00 for Meloxicam 15mg.

DWC Rule 28 TAC §133.10 (f)(3)(R) states, All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

(3) 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;

The review of the information submitted indicates that the Meloxicam dispensed has a different NDC number than that used by the requester in the submission of their medical bill and request for MFDR. No payment is recommended for Meloxicam.

2. The insurance carrier denied NDC 00406-0485-01 Acetamino-Code 300-60mg stating expenses incurred after coverage was terminated. 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 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 reasons are not supported.

3. The remaining service in dispute will be reviewed per the applicable fee guidelines. 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)	Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
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Acetaminophen/ Codeine	00406048501	G	1.085/30	\$44.71	\$44.72	\$44.71
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4. The DWC finds that the requester is entitled to reimbursement in the amount of \$44.71. 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 New Hampshire Insurance Co must remit to EZ Scripts \$44.71 plus applicable accrued interest within 30 days of receiving this order in accordance with [28 TAC §134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Officer

December 10, 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. 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.

