



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Technology Insurance Company Inc

MFDR Tracking Number

M4-23-3112-02

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 16, 2022	43547-0400-11 Cyclobenzaprine	\$24.45	\$0.00
Total		\$24.45	\$0.00

Requestor's Position

"Enclosed are the outstanding pharmacy bills from Mail My Meds LLC d/b/a Public Safety Rx, which were submitted to the above listed carrier in a timely manner after each prescription was filled. In turn, this carrier has effectively refused to pay the enclosed invoices per adjuster decision as they are stating the following that the medications, we dispensed are unrelated.

Amount in Dispute: \$24.45

Respondent's Position

The Austin carrier representative for Technology Insurance Company Inc. is Downs Stanford PC. The representative was notified of this medical fee dispute on August 15, 2023.

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.

Response submitted by: N/A

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 §141.1](#) sets out how to request a Benefit Review Conference.

Denial Reasons

Neither party submitted an explanation of benefits that supports adjudication of the service in dispute.

Issues

1. Was the service in dispute previously received at MFDR?
2. What rule is applicable to review of MFDR decision?
3. Is the requestor due additional reimbursement?

Findings

1. The requestor is seeking reimbursement of an oral medication (Cyclobenzaprine) for date of service August 16, 2022. Review of prior MFDR decisions found the following.
 - Case History of M4-23-3112-01:
 - The original dispute for date of service August 16, 2022 was received in MFDR on October 5, 2022.
 - The Division docketed the dispute under tracking number M4-23-0306-01.
 - A Findings and Decision with Appeal Language was issued on February 1, 2023.
 - The Requestor re-submitted the dispute for date of service August 16, 2022 to MFDR on August 10, 2023.

- The case was docketed under tracking number M4-23-3112-01.

2. DWC Rule 28 TAC §133.307(g) states "Appeal of MFDR Decision. A party to a medical fee dispute may seek review of the decision. Parties are deemed to have received the MFDR decision as provided in §102.5 of this title. The MFDR decision is final if the request for the benefit review conference is not timely made."

DWC Rule 28 TAC §133.307(g)(1)(C) states "A party must file the request for a benefit review conference in accordance with Chapter 141 of this title and must include in the request a copy of the MFDR decision. Providing a copy of the MFDR decision satisfies the documentation requirements in §141.1(d) of this title."

DWC Rule 28 TAC §133.307(g) provides for the appeal process of MFDR decisions. The requestor did not appeal decision M4-23-0306-01 rendered on February 1, 2023 which addressed the same date of service in this dispute.

3. Because a final decision regarding the dates of service in this dispute was previously rendered and not appealed by the requestor, the previously rendered decision for M4-23-0306-01 is final pursuant to 28 Texas Administrative Code §133.307(g).

For that reason, the Division finds that the requestor has failed to support that reimbursement is due.

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 the requestor has not established that reimbursement is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 30, 2023
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.