

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts

Respondent Name

Arch Insurance Co.

MFDR Tracking Number

M4-24-0005-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 29, 2023

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------------------------|---|-------------------|------------|
| August 31, 2022 – February 1, 2023 | Gabapentin 600 mg Tablets and Hydrocodone-APAP 10-325 | \$1,535.50 | \$0.00 |

Requestor's Position

"Express Scripts bill review confirmed the bills were on file but denied as not authorized by the adjuster. Many requests were made for the adjuster to approval the bills, but payment was never issued. Express Scripts would not provide EOR copies."

Amount in Dispute: \$1,535.50

Respondent's Position

Initial response dated September 19, 2023: "Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Subsequent response dated October 13, 2023: "Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bill(s) in question was/were escalated and a review completed. Our bill audit company has determined additional monies are owed in the amount of \$1,535.00. Interest in the amount of \$112.14 has been added."

Response Submitted by: Gallagher Bassett

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the reduction or denial of payment for the disputed services.

Issues

1. Is EZ Scripts entitled to additional reimbursement?

Findings

1. EZ Scripts is seeking reimbursement for drugs dispensed from August 31, 2022, through February 1, 2023. Gallagher Bassett, on behalf of Arch Insurance Co., submitted documentation to support that the total billed amount for the services in question were paid in full on September 26, 2023, via check number 0191857270. No additional reimbursement can be 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 the requestor has not established that additional 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.