



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ Scripts, LLC

**Respondent Name**

Grand Prairie ISD

**MFDR Tracking Number**

M4-24-2112-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

May 31, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 2, 2023	Acetaminophen Codeine 300-30 mg NDC 00406048401	\$146.65	\$0.00

### Requestor's Position

"Tristar Risk Management bill review denied the bill claiming the provider was not authorized. The prescription for Acetaminophen Codeine 300-30 MG was written by FNP Olga Khmelina, who is an FNP at North Texas Clinic & Rehab. This provider's office was authorized."

**Amount in Dispute:** \$146.65

### Respondent's Position

"Respondent paid \$0 as the treatment was not provided by or at the direction of the treating doctor, was not provided by or at the direction of a network provider, and was not reasonable, necessary or related to the compensable injury ...

"Respondent submits that medical benefits for the above referenced claim are provided through a political subdivision in accordance with Texas Labor Code Section 504.053(b)(2) ... Treating Doctor must be a participant of the network provider panel ... Respondent has reviewed the network provider directory for the provider's name and tax identification number and has not

located a record of [the provider] as a participant. As an out-of-network provider, approval is required before rendering service or treatment.

"Texas Labor Code Section 408.021(c) requires that:

Except in an emergency, all health care must be approved or recommended by the employee's treating doctor.

"Requestor has not produced medical records showing that an emergency existed to warrant an exception to the application of Texas Labor Code Section 408.021 ...

"Additionally, Carrier has raised a dispute pertaining to extent of injury ... The treatment plan for the compensable injury does not include additional medication after November 8, 2022, and treatment outside the approved treatment plan requires pre-authorization. No evidence of pre-authorization was submitted by Requestor."

**Response Submitted by:** White Espey, PLLC

## 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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §180.22](#) defines health care provider roles and responsibilities within the workers' compensation system.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 219 – Based on extent of injury.
- T184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed.
- T216 – Based on the findings of a review organization. Peer Review or RME.
- T219 – Extent of injury. Not finally adjudicated.
- 184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed.
- 216 – Based on the findings of a review organization

## Issues

1. Is this dispute subject to dismissal based on liability?
2. Is Grand Prairie ISD's denial based on the eligibility of the prescribing provider supported?

## Findings

1. EZ Scripts, LLC is seeking reimbursement for drugs dispensed on May 27, 2022. The insurance carrier denied payment, in part, stating, "Based on extent of injury."

28 TAC §133.305(b) states: " Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

28 TAC §133.307(d)(2)(H) requires that "If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements)."

DWC finds that the insurance carrier failed to provide a Plain Language Notice or any other documentation to support a denial based on liability for the claim in question. This dispute is therefore not subject to dismissal for this reason.

2. The insurance carrier also denied reimbursement stating, "The prescribing/ordering provider is not eligible to prescribe/order the service billed."

28 TAC §180.22(c)(1) states that except in the case of an emergency, the treating doctor shall "approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers ..."

Documentation submitted to DWC finds that the drug in question was prescribed by Olga Khmelinina, FNP under the supervision of Russell Skinner, M.D. Available information indicates Dr. Skinner is not the treating doctor. No evidence was received to support that the drugs were approved or recommended by the treating doctor or that Dr. Skinner received a referral for treatment from the treating doctor.

DWC finds that the insurance carrier's denial of payment for this reason is supported.

## 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

July 22, 2024

\_\_\_\_\_  
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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).