



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts, LLC

Respondent Name

Metropolitan Transit Authority

MFDR Tracking Number

M4-25-1653-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 25, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 18, 2024	67877032105	\$64.38	\$0.00
	55111064410	\$315.40	\$0.00
November 15, 2024	55111064410	\$367.30	\$0.00
	29300041305	\$65.50	\$0.00
	42806040021	\$47.31	\$0.00
	67877032105	\$74.44	\$0.00
Total		\$934.33	\$0.00

Requestor's Position

"The medications filled on 10/18/2024 and 11/15/2024 were denied with the code '216 Based on the findings of a review organization.' EZ Scripts is unaware of any peer review on file. No determination letter from utilization review was included in the denial."

Amount in Dispute: \$934.33

Respondent's Position

"We are attaching a copy of the provider's DWC 66s and the carrier's EOBs. The EOBs were denied on the basis of a review organization, meaning that the medications were not medically necessary. Rule 133.305(b) provides that if a dispute regarding medical necessity exists for the

same service for which there is a medical fee dispute, the dispute regarding medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services.”

Response Submitted by: Flahive, Ogden & Latson

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

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

- 216 – Based on the findings of a review organization.
- 91 – Dispensing fee adjustment.
- Note: “AN ADDITIONAL ALLOWANCE HAS BEEN RECOMMENDED PER FEE GUIDELINES.”

Issues

1. Is EZ Scripts entitled to reimbursement for the drugs in question?

Findings

1. EZ Scripts is seeking reimbursement for drugs dispensed October 18, 2024, and November 15, 2024. Per explanations of benefits dated April 14, 2025, the insurance carrier paid the requested amount in full. DWC finds that no further 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

May 8, 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 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.