



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

EZ Scripts LLC

Respondent Name

American Interstate Insurance Co

MFDR Tracking Number

M4-25-2019-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

April 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 10, 2024	10702-0056-50 Oxycodone HCL	\$96.94	\$0.00
September 19, 2024	41167-0172-01 lcy Hot w/ Lido	\$42.36	\$0.00
October 3, 2024	41167-0172-01 lcy Hot w/ Lido	\$42.36	\$0.00
October 17, 2024	41167-0172-01 lcy Hot w/ Lido	\$42.36	\$0.00
December 13, 2024	57237-0075-30 Ondansetron	\$933.18	\$0.00
January 10, 2025	57237-0075-30 Ondansetron	\$933.18	\$0.00
February 7, 2025	57237-0075-30 Ondansetron	\$933.18	\$0.00
		\$3,023.56	\$0.00

Requester's Position

"...These were Y drugs on the ODG formulary in the time they were filled. HealthE Systems and AmeriSafe denied the Ondansetron 4mg for Prior-auth required. We've obtained pre-auth

approval for the Ondansetron. Per the request of the adjuster, I submitted a reconsideration. We have not heard back from Amerisafe or HealthE Systems.”

Supplemental response June 16, 2025

“I have attached our responses in column I.”

Amount in Dispute: \$3,023.56

Respondent's Position

“American Interstate Insurance Company acknowledges receipt of the medical bill dispute reference above. All submitted bills have been received and reprocessed for payment, with the exception of the bill for the date of service on February 2, [sic], which, as of May 21, 2025, has not been received by our office.”

Supplemental response submitted June 17, 2025

AMERISAFE received the bill for this date of service and was processed and paid by our PBM. It was issued to EZ Scrips, 1040 Woodcock Rd Ste 119, Orlando, FL 32803 on 3/21/2025 under bulk check # / ACH 771641, total amount \$6433.17.”

Response submitted by: Amerisafe

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- 197 – Precertification/authorization/notification absent. Rx Number 0527146 reduced \$933.18.
- 97 – Paid – Provider Billed Amount.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment. Rx Number 0527144 reduced \$0.01.

Issues

1. What services remain in dispute?
2. Is the respondent's position supported?

Findings

1. The insurance carrier made payment for the disputed services as follows.

- Payment issued May 9, 2025 - \$98.94
- Payment issued May 16, 2025 - \$42.36
- Payment issue May 9, 2025 - \$42.36
- Payment issued May 9, 2025 - \$42.36
- Payment issued May 9, 2025 - \$933.18
- Payment issued May 9, 2025 - \$933.18
- Total amount of payments \$2,093.00
- Remaining dispute amount \$930.56

The respondent responded to a notice sent from MDRInquiry as, "I have attached our response in column I. The response listed in column I states, "Still need payment on date of service 2/07/2025." After these payments the only date of service left in dispute is February 7, 2025.

2. The respondent (Amerisafe) submitted evidence of the payments indicated above. They also state they have not received the claim for date of service February 2, [sic] 2025 as of May 21, 2025.

Review of the submitted documents submitted with the MFDR request found insufficient evidence (no bill/DWC066) for date of service February 7, 2025 for Ondansetron as listed on the DWC60.

The respondent's position is supported. No payment 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 not established that additional reimbursement is due.

Order

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

Authorized Signature

Signature _____

Medical Fee Dispute Resolution Officer

July 21, 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.