



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

EZ SCRIPTS LLC

**Respondent Name**

TECHNOLOGY INSURANCE COMPANY INC

**MFDR Tracking Number**

M4-21-1375-01

**Carrier's Austin Representative**

Box Number 17

**MFDR Date Received**

April 7, 2021

#### REQUESTOR'S POSITION SUMMARY

"Enclosed are the outstanding pharmacy bills from Mail My Meds LLC d/b/a Public Safety Rx, which were submitted to AmTrust North America in a timely manner after each prescription was filled. AmTrust North America has effectively refused to pay the enclosed invoices."

**Amount in Dispute:** \$1,215.94

#### RESPONDENT'S POSITION SUMMARY

3/10/2020 – The request for Medical Fee Dispute Resolution (MFDR) for this date of service was not timely filed pursuant to DWC Rul 133.307(c). The request for MFDR was received on 4/7/2021.

6/8/2020 and 6/9/2020 – Requestor had not received these bills prior to this request for MFDR ...

7/7/2020 – Requestor is disputing the medication Diclofenac Sodium transderm get. This medication was paid on 10/15/2020 ...

9/17/2020 – Respondent is having this one medication reviewed for payment.

11/10/20, 1/8/2021, 2/12/2021, and 3/30/2021 – Requestor had not received these bills prior to this request for MFDR."

**Response Submitted by:** Downs-Stanford, P.C.

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 31, 2020 – March 30, 2021	Pharmaceutical Services	\$1,215.94	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

## **Background**

1. 28 Texas Administrative Code §133.20 sets out the procedures for submitting medical bills to the insurance carrier.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

## **Issues**

1. Did EZ Scripts, LLC forfeit the right to medical fee dispute resolution for the date of service in question?
2. Did EZ Scripts, LLC submit the medical bills in question to the insurance carrier?
3. Is EZ Scripts, LLC entitled to additional reimbursement for date of service July 7, 2020?

## **Findings**

1. EZ Scripts, LLC is seeking reimbursement, in part, for drugs dispensed on March 21, 2020.

The health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed.<sup>1</sup> If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days of the final adjudication of the disputed issue.

The DWC received the medical fee dispute resolution request on April 7, 2021. This is more than one year after date of service. The DWC found no evidence to support that final adjudication of an exception applied to this date of service.

The DWC finds that EZ Scripts, LLC has waived the right to medical fee dispute resolution for this date of service.

2. EZ Scripts, LLC is also seeking reimbursement for drugs dispensed on the following dates of service:

- June 8, 2020
- June 9, 2020
- September 17, 2020
- November 10, 2020
- January 8, 2021
- February 12, 2021
- March 30, 2021

Downs-Stanford, P.C. argued that the insurance carrier did not receive these charges until the request for medical fee dispute.

A health care provider is required to file a medical bill within 95 days from the date of service with few exceptions.<sup>2</sup> EZ Scripts, LLC argued that it submitted the bills to AmTrust North America in a timely manner after each prescription was filled. No evidence was provided to support that the bills were submitted to the insurance carrier or its agent within 95 days from the date of service.

Because EZ Scripts, LLC failed to support its request for these dates of service, no reimbursement can be recommended.

3. EZ Scripts, LLC is also seeking reimbursement for drugs dispensed on date of service July 7, 2020. Per explanation of benefits dated October 15, 2020, this charge was paid in full for the billed amount. No additional reimbursement is recommended for this service.

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<sup>1</sup> 28 TAC §133.307 (c)(1)

<sup>2</sup> 28 TAC §133.20 (a)-(b)

**Conclusion**

The outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent at the time of adjudication. Though all the evidence may not have been discussed, it was considered. For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

		June 9, 2021
Signature	Medical Fee Dispute Resolution Officer	Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**