

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ SCRIPTS LLC

**Respondent Name**

TECHNOLOGY INSURANCE COMPANY I

**MFDR Tracking Number**

M4-22-2029-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

May 16, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 02, 2020	Naproxen Sodium	\$631.32	\$0.00
June 08, 2020	Naproxen 500 MG		
July 20, 2020	Naproxen Sodium Oral Tablet		
August 14, 2020	Naproxen Oral Tab 500 MG		
October 19, 2020	Naproxen Oral Tab 500 MG		
<b>Total</b>		\$631.32	\$0.00

Enclosed are the outstanding pharmacy bills from Mail by Meds LLC d/b/a Public Safety RX, which were submitted to ESIS, Inc. in a timely manner after each prescription was filled. Amtrust has effectively refused to pay the enclosed invoices despite admittance of coverage through 'attempt' to pay invoices via email. We have found the following issues to be at hand...

**Amount in Dispute:** \$631.32

### Respondent's Position

This request for Medical Fee Dispute Resolution was not timely filed pursuant to DWC Rule 133.307(c). The dates of service at issue in this matter are 4/02/2020-10/19/2020. Medical Fee Dispute Resolution received Requestor's DWC-60 on 5/16/2022 as evidenced by the date stamp

on the DWC-60. The dates of service in dispute 4/02/2020 – 10/19/2020, and the EOBs do not reflect any extent, liability or medical necessity issues. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service.

**Response Submitted by:** DOWNS STANFORD PC

## **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.

### Denial Reasons

The insurance carrier [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- HE25 – Missing / Invalid Prescriber ID on bill
- SMDI – Missing or invalid physician/ provider ID. Need Valid NPI, DEA and/or NCPDP number
- SCLM – This bill cannot be processed because Claimant does not appear to be associated with the carrier

### Issues

1. Did the requestor waive the right to medical fee dispute resolution?

### Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The date of the services in dispute is April 02, 2020; June 08, 2020; July 20, 2020; August 14, 2020 and October 19, 2020. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on May 16, 2022. This date is later than one

year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

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 not entitled to additional reimbursement for the disputed services.

**Authorized Signature**



Signature



Medical Fee Dispute Resolution Officer

July 12, 2022

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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).