



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts, LLC

Respondent Name

American Interstate Insurance Co.

MFDR Tracking Number

M4-23-3216-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 18, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
05/11/2022	Lidocaine Patch 5% NDC 42858-0118-30	\$101.40	\$0.00
05/12/2022	Hydrocodone Acet 10-325mg NDC 00406-0125-01	\$111.60	\$0.00
06/01/2022	Cyclobenzaprine HCL NDC 43547-0400-11	\$45.00	\$0.00
06/01/2022	Duloxetine HCL 30mg NDC 27241-0098-09	\$593.40	\$0.00
06/06/2022	Relistor NDC 65649-0150-90	\$2,643.30	\$0.00
06/08/2022	Lidocaine Patch 5% NDC 42858-0118-30	\$101.40	\$0.00

06/16/2022	Topiramate 25mg NDC 47335-0707-13	\$195.60	\$0.00
06/28/2022	Sumatriptan Succ 25mg NDC 55111-0291-36	\$342.20	\$0.00
07/14/2022	Hydrocodone Acet 10-325mg NDC 00406-0125-01	\$111.60	\$0.00
Total		\$4,245.50	\$0.00

Requestor's Position

"...this carrier has effectively refused to pay the enclosed invoices per adjuster decision as they are stating the following that the medications, we dispensed are unrelated... Documentation has been attached to each bill in support of necessary reimbursement."

Amount in Dispute: \$4,245.50

Respondent's Position

"Amerisafe received a Medical Fee Dispute Resolution Request from EZ SCRIPTS LLC for dates of service(s) 05/11/2022 - 07/14/2022, for a bill amount of \$4,245.50 and a disputed amount of \$4,245.50. Upon review, prior-authorization or approval was not received for the medications billed on these dates of services; therefore, payment has been denied..."

Response Submitted by: Amerisafe Risk Services

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 Texas Administrative Code §133.307](#) sets out the procedures for resolving medical fee disputes (MFDR).

Denial Reasons

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

- ASPE - Treatment not reasonable or necessary based upon Peer Review.
- AS03 - The procedure requires Prior Authorization or Approval.
- ASBP - This bill is denied as treatment appears unrelated to the accepted Workers' Compensation injury. This is not an accepted body part for this claim.

- (P12)&F - The Official Disability Guidelines (ODG) classify the National Drug Code (NDC) number as one that is not supported as a first-line treatment for the conditions for which the patient is being treated. Please provide an explanation of the medical necessity of this service.
- (P12)9D - The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administrative Code Chapter 134, Section 134.530 and 134.540. If Prior Authorization was obtained, please resubmit with a copy of the required information.
- (P12)D3 – The charge for the prescription drug is greater than the maximum reimbursement for a generic drug. There is no medical to support the rationale for the use of these medications for the treatment for the compensable injury.
- ASR3 - This bill is denied as there are medications listed that are unauthorized or unrelated to the Workers' Compensation Claim.
- HESP - The pharmaceutical charge was reviewed according to a contractual arrangement with HealthESystems.
- HESR - The pharmaceutical charge was classified as an Adjustor Reject according to a contractual arrangement with HealthESystems.

Issues

1. Has EZ Scripts, LLC waived its right to medical fee dispute resolution (MFDR) for the disputed dates of service?

Findings

1. The requester is seeking reimbursement for multiple dates of service from May 11, 2022, through July 14, 2022. The DWC060 MFDR request form was received by the division on August 18, 2023.

28 Texas Administrative Code (TAC) §133.307 (c) sets out the timely filing procedures for Medical Fee Dispute Resolution requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute.

To qualify for the exceptions to the one-year timely filing requirement, 28 TAC §133.307(c)(1)(B) states,

(B) A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.”

The requestor submitted a utilization review (UR) dated April 5, 2022, certifying the drugs lidocaine patch, hydrocodone-acet., and cyclobenzaprine, approved for service dates July 20, 2021, through April 30, 2022. The dates of service involved in this dispute begin May 11, 2022, through July 14, 2022, therefore the UR submitted does not apply to this medical fee dispute.

Review of submitted documentation finds that the disputed dates of service, May 11, 2022, through July 14, 2022, do not qualify for any of the exceptions to the one-year timely filing requirement for MFDR set out in 28 TAC §133.307(c).

The division finds that the request was filed later than one year after the disputed dates of service. DWC finds that EZ Scripts, LLC has waived its right to MFDR for the disputed dates. Therefore, EZ Scripts, LLC is not entitled to reimbursement.

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

September 29, 2023

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 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.