

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ SCRIPTS LLC

**Respondent Name**

EMPLOYERS COMPENSATION INSURANCE

**MFDR Tracking Number**

M4-24-0458-01

**Carrier's Austin Representative**

Box Number 04

**DWC Date Received**

October 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 30, 2022	Cyclobenzaprine and Omeprazole	\$223.20	\$0.00
	<b>Total</b>	\$223.20	\$0.00

### Requestor's Position

"Enclosed are the outstanding pharmacy bills from Mail My Meds LLC d/b/a Public Safety Rx, which were submitted t[sic] the above listed carrier in a timely manner after each prescription was filled. In turn, 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."

**Amount in Dispute:** \$223.20

### Respondent's Position

"EZScripts submitted the bill to the carrier 3/14/2023. This was well past 95 day rule to submit bills. EOB was issued to EzScripts on 3/22/23."

**Response Submitted by:** EMPLOYERS

### 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 (TAC) [§133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC [§133.20](#) sets out the medical bill submission procedures for health care providers.
3. TLC [§408.0272](#) provides for certain exceptions to untimely submission of a medical bill.

## Denial Reasons

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

- 29 – The time limit for filing has expired
- 4271 – Per TX Labor Code Sec 408.027, Providers must submit bills to payors within 95 days of the date of service

## Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?

## Findings

1. The requestor is seeking \$223.20 for Cyclobenzaprine and Omeprazole rendered November 30, 2022. The insurance carrier denied disputed service based on the time limit for filing has expired.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The DWC finds that the requestor submitted insufficient documentation to support the disputed services were submitted to the insurance carrier within the timely filing deadline. As a result, no reimbursement is due.

## 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 established that reimbursement of \$0.00 is due.

## Order

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

### Authorized Signature



November 9, 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](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).