

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ SCRIPTS LLC

Respondent Name

HARRIS COUNTY

MFDR Tracking Number

M4-24-0691-01

Carrier's Austin Representative

Box Number 21

DWC Date Received

November 20, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 31, 2022	Acetaminophen/Codeine	\$24.95	\$0.00
	Total	\$24.95	\$0.00

"Enclosed are the outstanding pharmacy bills from EZ Scripts, 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: \$75.00

Respondent's Position

"We are in receipt of the Medical Dispute Resolution concerning claimant [injured worker] from EZ Scripts LLC. The request for recommendation on date of service 10/31/22 received by the division on 11/20/23 is past the time frame for requesting MDR.

We are requesting the Division dismiss the Medical Dispute Request related to these dates of service because the requestor did not file timely."

Response Submitted by: IMO Managed Care

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.

Denial Reasons

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

- 18 – Exact duplicate claim/service
- P12 – Workers' compensation jurisdictional fee schedule adjustment

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 must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division 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 October 31, 2022. The request for medical fee dispute resolution was received on November 20, 2023. 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; 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 that no reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature



December 6, 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.