

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-1137-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

January 18, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 24, 2023	NDC 29300-0245-05	\$101.88	\$101.88
July 25, 2023	NDC 43547-0828-10	\$173.50	\$173.50
August 10, 2023	NDC 50228-0174-01	\$67.34	\$67.34
August 10, 2023	NDC 70954-0020-10	\$53.58	\$53.58
August 16, 2023	NDC 31722-0023-01	\$112.45	\$112.45
August 21, 2023	NDC 29300-0245-05	\$101.88	\$101.88
August 21, 2023	NDC 43547-0282-10	\$173.50	\$173.50
September 8, 2023	NDC 51991-0293-01	\$200.88	\$200.88
September 8, 2023	NDC 57237-0008-30	\$105.25	\$105.25
September 11, 2023	NDC 50228-0174-01	\$67.34	\$67.34
September 11, 2023	NDC 70954-0020-10	\$53.58	\$53.58
September 20, 2023	NDC 29300-0245-05	\$101.88	\$101.88
September 20, 2023	NDC 43547-0282-10	\$173.50	\$173.50
October 6, 2023	NDC 70954-0020-10	\$53.58	\$53.58
October 6, 2023	NDC 31722-0024-01	\$202.00	\$202.00
October 6, 2023	NDC 69238-0278-01	\$42.25	\$42.25
October 9, 2023	NDC 13107-0031-34	\$105.25	\$105.25
November 2, 2023	NDC 69238-0278-01	\$42.25	\$42.25
November 2, 2023	NDC 31722-0024-01	\$202.00	\$202.00
November 13, 2023	NDC 16729-0289-12	\$276.62	\$276.62
November 22, 2023	NDC 69238-2078-01	\$61.38	\$61.38

December 4, 2023	NDC 43547-0282-10	\$173.50	\$0.00
December 4, 2023	NDC 70954-0020-10	\$53.58	\$53.58
December 4, 2023	NDC 31722-0024-01	\$202.00	\$202.00
December 11, 2023	NDC 16729-0289-12	\$276.62	\$0.00
December 15, 2023	NDC 57237-0008-30	\$105.25	\$105.25
December 22, 2023	NDC 69238-2078-01	\$61.38	\$61.38
December 29, 2023	NDC 70954-0020-10	\$53.58	\$53.58
December 29, 2023	NDC 31722-0024-01	\$202.00	\$202.00
December 29, 2023	NDC 43547-0282-10	\$173.50	\$173.50
Total		\$3,743.30	\$3,323.12

Requestor's Position

"The carrier is refusing to issue payment because we did not include the full social security number of the patient on the DWC 066. The patient and doctor's office were not willing to provide the patient's full social security number to EZ Scripts. All other boxes on the form are completed according to rule §133.10. We submitted appeals of all the denied bills with the last four digits of the patient's social security number. The bills were denied again."

Amount in Dispute: \$3,743.30

Respondent's Position

"Upon receiving notification of the dispute submitted by the requestor EZ Scripts the Office reviewed the disputed charges and found that the healthcare provider did not provide evidence that supports the criteria under Labor Code §408.0272 or 28 TAC §133.20 for a timely filing exemption ... Further research into the disputed charges found ... that the provider submitted incomplete medical bills with an invalid or invalid format of the patient's social security number and missing information in Box 8 regarding the employer information as prescribed in 28 TAC §133.10.

"... the provider has cited HIPPA policies on numerous phone conversations and appeal letters regarding the format and invalid Social Security number used in field 10 ... the SSN is a required field on the DWC66 to comply with rule 28 TAC §133.10. Furthermore, under 28 TAC 133.10 (g) it states if the injured employee does not have a Social Security number as required in (f) of this section the health care provider must leave this field blank.

"To date, the Office has not received sufficient evidence to support the exceptions as outlined in Labor Code §408.0272 for the waiver of timely filing. Furthermore, The Office respectfully requests the Division to dismiss this dispute according to 28 TAC §133.307 as the carrier has not received a complete medical bill or requests for reconsideration according to 28 TAC §133.10, §133.20 and §133.250."

Response Submitted by: State Office of Risk Management

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.2](#) provides definitions for the medical billing and processing rules.
2. [28 TAC §133.10](#) sets out the procedures for completing medical bills.
3. [28 TAC §133.20](#) sets out the procedures for submission of medical bills.
4. [28 TAC §133.200](#) sets out the procedures for receipt of medical bills by insurance carriers.
5. [28 TAC §133.240](#) sets out the procedures for payment or denial of a medical bill.
6. [28 TAC §133.305](#) sets out the procedures for resolving medical disputes.
7. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
8. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.
9. [28 TAC, Chapter 19](#) sets out the requirements for utilization review.

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.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies, use only if no other code is applicable.
- Notes: "THE PROVIDER HAS RESUBMITTED THIS BILL, BUT HAS REMOVED/CHANGED THE DIAGNOSIS CODE, CPT/HPCPC CODE(S), MODIFIER, POS AND/OR TOTAL BILL CHARGE AMOUNT. THERE IS NO MEDICAL TO SUPPORT THE RATIONALE FOR THE USE OF THIS MEDICATION."
- 16 – Claim/service lacks information which is needed for adjudication. Remark codes whenever appropriate.
- Notes: "There is no medical to support the rationale for the use of these medications for the treatment for the compensable injury."
- Notes: "THERE IS NO MEDICAL TO SUPPORT HOW THE ODG RECOMMENDS THIS MEDICATION TO TREAT THE COMPENSABLE INJURY."
- 18 – Exact duplicate claim/service

Issues

1. Did State Office of Risk Management return medical bills in accordance with 28 TAC §133.200?
2. Did EZ Scripts support submission of a medical bill for date of service December 11, 2023?
3. Did State Office of Risk Management take final action on the bill for the disputed service before medical fee dispute resolution was requested?
4. Are the State Office of Risk Management's reasons for denial of payment for date of service November 2, 2023, supported?
5. Is the State Office of Risk Management's denial of payment for dates of service July 24, 2023, July 25, 2023, and August 10, 2023, supported?
6. Is EZ Scripts entitled to additional reimbursement for the drugs in question?

Findings

1. Per submitted documentation, the insurance carrier returned the submitted medical bills in question based on invalid or missing social security number.

28 TAC §133.2(4) defines a "complete medical bill" as "A medical bill that contains all required fields as set forth in the billing instructions for the appropriate form specified in §133.10 of this chapter ..., or as specified for electronic medical bills in §133.500 of this chapter..."

Per 28 TAC §133.200(a)(1), "Insurance carriers shall not return medical bills that are complete, unless the bill is a duplicate bill." 28 TAC §133.10(f)(3)(J) requires a social security number in field 10. Submitted evidence indicates that bills were submitted for each date of service in question with a number in this field.

DWC finds that the medical bills submitted to the insurance carrier were complete. Therefore, the bills returned by the insurance carrier for this reason were not returned in accordance with 28 TAC §133.200(a)(1).

2. EZ Scripts is seeking reimbursement for drugs dispensed from July 24, 2023, through December 29, 2023. In its position statement concerning dispense date December 11, 2023, State Office of Risk Management stated, "Bill not received" for this date of service.

DWC found no evidence to support that a bill for this date of service was submitted to the insurance carrier. No reimbursement is recommended for this date of service.

3. Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was

provided to support that the insurance carrier took final action on the bills for the following dates of service:

- August 16, 2023;
- August 21, 2023;
- September 8, 2023;
- September 11, 2023;
- September 20, 2023;
- October 6, 2023;
- October 9, 2023;
- November 13, 2023;
- November 22, 2023;
- December 4, 2023;
- December 15, 2023;
- December 22, 2023; and
- December 29, 2023.

Therefore, these services will be reviewed in accordance with relevant fee guidelines.

4. Per explanations of benefits dated November 13 and 15, 2023, the insurance carrier denied payment for date of service November 2, 2023, in part, stating, "There is no medical to support the rationale for the use of these medications for the treatment for the compensable injury." 28 TAC §§133.305(b) and 133.307(c)(1)(B)(i) state that a dispute regarding the extent of injury or relatedness must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307(d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves extent of injury or relatedness.

Review of the submitted documentation finds that State Office of Risk Management failed to attach a copy of a related PLN to support a denial based on relatedness to or extent of the compensable injury. This denial reason was not supported.

Per explanation of benefits dated November 15, 2023, the insurance carrier denied payment for Propranolol dispensed on November 2, 2023, in part, stating, "CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION REMARK CODES WHENEVER APPROPRIATE." DWC finds that the insurance carrier did not support this denial reason for this date of service.

Per explanation of benefits dated December 19, 2023, date of service November 2, 2023, was denied in part, stating, "... THERE IS NO MEDICAL TO SUPPORT THE RATIONALE FOR THE USE OF THIS MEDICATION."

According to 28 TAC §133.305(b), medical necessity disputes must be resolved prior to submission of a medical fee dispute. 28 TAC §133.240(q) requires the insurance carrier to perform a utilization review before a denial based on medical necessity, including giving the health care provider – in this case, EZ Scripts – an opportunity to discuss the treatment in question.

When responding to a medical fee dispute, 28 TAC §133.307(d)(2)(I) requires the respondent to submit documentation that supports a denial based on lack of medical necessity. State Office of Risk Management provided no evidence to support that it performed a utilization review on the drugs in question to determine medical necessity in accordance with 28 TAC §§134.240 and 19.2009. This denial reason is not supported.

5. Per explanations of benefits dated December 7, 2023, for dates of service July 24, 2023, July 25, 2023, and August 10, 2023, the insurance carrier denied reimbursement stating, "THE TIME LIMIT FOR FILING HAS EXPIRED." According to 28 TAC §133.20(b), a health care provider must submit a medical bill to the insurance carrier within 95 days from the date of service with few exceptions.

The submitted evidence supports that a complete bill for date of service July 24, 2023, was received by the insurance carrier on July 31, 2023. This is less than 95 days from the date of service.

The submitted evidence supports that a complete bill for date of service July 25, 2023, was received by the insurance carrier on July 26, 2023. This is less than 95 days from the date of service.

The evidence provided to DWC supports that a complete bill for date of service August 10, 2023, was received by the insurance carrier on August 17, 2023. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

6. Because the insurance carrier failed to support a denial of payment for the services in question, DWC finds that EZ Scripts is entitled to reimbursement.

For date of service December 4, 2023, the requestor is seeking reimbursement, in part, for NDC 43547-0282-10. Per the submitted documentation, the bill indicates that this drug is Propranolol 20 mg tablets. However, the billed NDC number is not assigned to the billed drug. Therefore, no reimbursement can be recommended for the drug in question.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(a), with relevant formula for generic drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount.

Date	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
7/24/2023	Buspirone HCl 10 mg Tablets	29300024505	G	\$1.305	60	\$101.88	\$101.88	\$101.88
7/25/2023	Escitalopram 20 mg Tablets	43547028210	G	\$4.520	30	\$173.50	\$173.50	\$173.50
8/10/2023	Bupropion 100 mg Tablets SR	50228017401	G	\$1.689	30	\$67.34	\$67.34	\$67.34
8/10/2023	Prazosin HCl 2 mg Capsules	70954002010	G	\$1.322	30	\$53.58	\$53.58	\$53.58
8/16/2023	Oxcarbazepine 150 mg Tablets	31722002301	G	\$1.446	60	\$112.45	\$112.45	\$112.45
8/21/2023	Buspirone HCl 10 mg Tablets	29300024505	G	\$1.305	60	\$101.88	\$101.88	\$101.88
8/21/2023	Escitalopram 20 mg Tablets	43547028210	G	\$4.520	30	\$173.50	\$173.50	\$173.50
9/8/2023	Oxcarbazepine 300 mg Tablets	51991029301	G	\$2.625	60	\$200.88	\$200.88	\$200.88
9/8/2023	Mirtazapine 15 mg	57237000830	G	\$2.700	30	\$105.25	\$105.25	\$105.25
9/11/2023	Bupropion 100 mg Tablets SR	50228017401	G	\$1.689	30	\$67.34	\$67.34	\$67.34
9/11/2023	Prazosin HCl 2 mg Capsules	70954002010	G	\$1.322	30	\$53.58	\$53.58	\$53.58
9/20/2023	Buspirone HCl 10 mg Tablets	29300024505	G	\$1.305	60	\$101.88	\$101.88	\$101.88
9/20/2023	Escitalopram 20 mg Tablets	43547028210	G	\$4.520	30	\$173.50	\$173.50	\$173.50
10/6/2023	Prazosin HCl 2 mg Capsules	70954002010	G	\$1.322	30	\$53.58	\$53.58	\$53.58
10/6/2023	Oxcarbazepine 300 mg Tablets	31722002401	G	\$2.640	60	\$202.00	\$202.00	\$202.00
10/6/2023	Propranolol 20 mg Tablets	69238207801	G	\$0.510	60	\$42.25	\$42.25	\$42.25
10/9/2023	Mirtazapine 15 mg	13107003134	G	\$2.700	30	\$105.25	\$105.25	\$105.25
11/2/2023	Propranolol 20 mg Tablets	69238207801	G	\$0.510	60	\$42.25	\$42.25	\$42.25
11/2/2023	Oxcarbazepine 300 mg Tablets	31722002401	G	\$2.640	60	\$202.00	\$202.00	\$202.00
11/13/2023	Buspirone HCl 30 mg Tablets	16729028912	G	\$3.635	60	\$276.63	\$276.62	\$276.62
11/22/2023	Propranolol 20 mg Tablets	69238207801	G	\$0.510	90	\$61.38	\$61.38	\$61.38
12/4/2023	Prazosin HCl 2 mg Capsules	70954002010	G	\$1.322	30	\$53.58	\$53.58	\$53.58
12/4/2023	Oxcarbazepine 300 mg Tablets	31722002401	G	\$2.640	60	\$202.00	\$202.00	\$202.00
12/15/2023	Mirtazapine 15 mg	57237000830	G	\$2.700	30	\$105.25	\$105.25	\$105.25
12/22/2023	Propranolol 20 mg Tablets	69238207801	G	\$0.510	90	\$61.38	\$61.38	\$61.38
12/29/2023	Prazosin HCl 2 mg Capsules	70954002010	G	\$1.322	30	\$53.58	\$53.58	\$53.58
12/29/2023	Oxcarbazepine 300 mg Tablets	31722002401	G	\$2.640	60	\$202.00	\$202.00	\$202.00
12/29/2023	Escitalopram 20 mg Tablets	43547028210	G	\$4.520	30	\$173.50	\$173.50	\$173.50
							Total	\$3,323.12

The total allowable for the drugs in question is \$3,323.12. This amount is recommended.

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 \$3,323.12 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that State Office of Risk Management must remit to EZ Scripts \$3,323.12 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 9, 2024

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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.