



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ Scripts, LLC

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-24-1692-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

April 8, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2023	NDC # 70954-0019-10	\$37.56	\$37.56
	NCD # 68180-0353-02	\$217.82	\$217.82
	NDC # 50228-0145-05	\$37.56	\$37.56
November 17, 2023	NDC # 50228-0145-05	\$239.99	\$239.99
December 8, 2023	NDC # 00185-0674-05	\$25.75	\$25.75
December 14, 2023	NDC # 70954-0019-10	\$37.56	\$37.56
	NDC # 68180-0353-02	\$217.82	\$217.82
	NDC # 50228-0145-05	\$239.99	\$239.99
January 5, 2024	NDC # 00185-0674-05	\$25.75	\$25.75
January 31, 2024	NDC # 00185-0674-05	\$25.75	\$25.75
March 22, 2024	NDC # 70954-0019-10	\$37.56	\$37.56
	NDC # 68180-0353-02	\$217.82	\$217.82
	NDC # 50228-0145-05	\$239.99	\$239.99
<b>Total</b>		<b>\$1,600.92</b>	<b>\$1,600.92</b>

### Requestor's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted The Texas State Office of Risk Management .in a timely manner after each prescription was filled. 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:** \$1,600.92

### **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 ...

"Further research into the disputed charges found in the above table 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."

**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 §133.200](#) sets out the procedures for receipt of medical bills by insurance carriers.
4. [28 TAC §133.240](#) sets out the procedures for payment or denial of a medical bill.
5. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
6. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

#### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

## Issues

1. Did State Office of Risk Management return medical bills in accordance with 28 TAC §133.200?
2. Did State Office of Risk Management take final action on the bill for the disputed service before medical fee dispute resolution was requested?
3. Is EZ Scripts, LLC entitled to 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. Per 28 TAC §133.240(a), the insurance carrier is required to take final action on a complete medical bill 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 bill for the service in question.

3. Because the insurance carrier failed to support non-payment of the services in question, the requestor is entitled to reimbursement.

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
10/24/2023	Prazosin HCl 1 mg Capsule	70954001910	G	\$0.895	30	\$37.58	\$37.56	\$37.56
10/24/2023	Sertraline HCl 100 mg Tablets	68180035302	G	\$2.851	60	\$217.84	\$217.82	\$217.82
10/24/2023	Bupropion HCl 300 mg XL T	50228014505	G	\$6.293	30	\$240.00	\$37.56	\$37.56
11/17/2023	Bupropion HCl 300 mg XL T	50228014505	G	\$6.293	30	\$240.00	\$239.99	\$239.99
12/8/2023	Hydroxyzine PAM 25 mg	00185067405	G	\$0.290	60	\$25.78	\$25.75	\$25.75
12/14/2023	Prazosin HCl 1 mg Capsule	70954001910	G	\$0.895	30	\$37.58	\$37.56	\$37.56
12/14/2023	Sertraline HCl 100 mg Tablets	68180035302	G	\$2.851	60	\$217.84	\$217.82	\$217.82
12/14/2023	Bupropion HCl 300 mg XL T	50228014505	G	\$6.293	30	\$240.00	\$239.99	\$239.99
1/5/2024	Hydroxyzine PAM 25 mg	00185067405	G	\$0.290	60	\$25.78	\$25.75	\$25.75
1/31/2024	Hydroxyzine PAM 25 mg	00185067405	G	\$0.290	60	\$25.78	\$25.75	\$25.75
3/22/2024	Prazosin HCl 1 mg Capsule	70954001910	G	\$0.895	30	\$37.58	\$37.56	\$37.56
3/22/2024	Sertraline HCl 100 mg Tablets	68180035302	G	\$2.851	60	\$217.84	\$217.82	\$217.82
3/22/2024	Bupropion HCl 300 mg XL T	50228014505	G	\$6.293	30	\$240.00	\$239.99	\$239.99
						\$1,803.59	\$1,600.92	\$1,600.92

The total allowable for the drugs in question is \$1,600.92. 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 \$1,600.92 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, LLC \$1,600.92 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

June 13, 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](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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).