



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-24-1694-01

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
September 12, 2023	NDC 29300-0124-10	\$122.84	\$122.84
October 10, 2023	NDC 29300-0124-10	\$122.84	\$122.84
Total		\$245.68	\$245.68

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: \$245.68

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 ...

"Needing medical to support the rationale for the use of Tramadol and Meloxicam as the Meloxicam had been paid to [pharmacy] on 10/2/2023.

"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 §134.502](#) sets out the procedures for pharmaceutical services.
7. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

Denial Reasons

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

- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies, use only if no other code is applicable.
- Note: "NO MEDICAL TO SUPPORT THE RATIONALE FOR THE USE OF THIS MEDICATION."

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 request a statement of medical necessity in accordance with 28 TAC §134.502?
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 explanations of benefits dated December 7, 2023, the insurance carrier denied payment, in part, stating, "NO MEDICAL TO SUPPORT THE RATIONALE FOR THE USE OF THIS MEDICATION."

28 TAC §134.502(e) states, "The insurance carrier, injured employee, or pharmacist may request a statement of medical necessity from the prescribing doctor. If an insurance carrier requests a statement of medical necessity, the insurance carrier shall provide the sender of the bill a copy of the request at the time the request is made. An insurance carrier shall not request a statement of medical necessity unless in the absence of such a statement the insurance carrier could reasonably support a denial based upon extent of, or relatedness to the compensable injury, or based upon an adverse determination."

DWC found no evidence that the insurance carrier submitted a request for a statement of medical necessity to the prescribing doctor for the drug in question.

3. Because the insurance carrier failed to support its denial of 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 per unit) x (number of units) x 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
9/12/2023	Meloxicam 7.5 mg Tablets	29300012410	G	\$3.16900	30	\$122.84	\$122.84	\$122.84
10/10/2023	Meloxicam 7.5 mg Tablets	29300012410	G	\$3.16900	30	\$122.84	\$122.84	\$122.84
							Total	\$245.68

The total allowable for the drugs in question is \$245.68. 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 \$245.68 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 \$245.68 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. 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.