



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

North River Insurance Co

MFDR Tracking Number

M4-25-0456-01

Carrier's Austin Representative

Box Number 53

Date Received

October 25, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
4/22/2021	NDC # 43547-0400-11	\$31.29	\$0.00
4/22/2021	NDC # 50228-0436-05	\$61.01	\$0.00
1/27/2022	NDC # 67877-0223-10	\$103.80	\$0.00
1/27/2022	NDC # 43547-0400-11	\$44.93	\$0.00
1/27/2022	NDC # 59316-0102-12	\$37.03	\$0.00
1/27/2022	NDC # 57896-0201-10	\$5.07	\$0.00
2/14/2022	NDC # 21922-0009-09	\$76.94	\$0.00
2/21/2022	NDC # 57664-0377-13	\$14.21	\$0.00
4/6/2022	NDC # 21922-0009-09	\$150.00	\$0.00
5/13/2022	NDC # 21922-0009-09	\$150.00	\$0.00
5/16/2022	NDC # 57664-0377-13	\$34.64	\$0.00
Total		\$708.92	\$0.00

Requestor's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted to Gallagher Bassett Services Inc., in a timely manner after each prescription was filled."

Amount in Dispute: \$708.92

Respondent's Position

"Provider has waived its right to MDR. This request for medical dispute resolution should be dismissed because it was not filed within one year of the dates of service. The dates of service are April 22, 2021, through May 16, 2022. This request was filed on October 25, 2018 [sic]."

Response Submitted by: Hoffman Kelley LLP

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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 181 – Payment adjusted because the procedure code was invalid on the date of service.
- B13 – Previously paid. Payment for this claim/service may have been provided in previous payment.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 109, 90147 – Claim not covered by this payer/contractor. You must send it to the correct payer/contractor.
- 219 – Based on extent of injury.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 00663-1 – Reimbursement has been calculated based on the state guidelines.
- 4190 – A pharmacist shall dispense no more than a 90-day supply of a prescription medicine.
- 242 – Services not provided by network/primary care providers.
- 4282 – Drugs identified with a status of "Y" in the current edition of the "Official disability guidelines treatment in workers' comp" (ODG) Appendix A, "ODG workers' compensation drug formulary" Identify a drug that can be disputed without preauthorization. The allowance has been determined according to the pharmacy fee guidelines.

Bill Review Notes:

- The billed service has no allowance in fee schedule/ucr.
- Per Texas Labor code sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- First script has denied the line for utilization.
- Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract or carrier decision.
- Payment denied based on the extent of injury.
- Billing is a duplicate of other services performed on the same day.
- Payment or denial has already been recommended for this service.

Issues

1. Is the Insurance Carrier's denial of extent of injury supported for date of service?
2. Has the requestor waived their right to medical fee dispute resolution?

Findings

1. The insurance carrier denied the prescriptions dispensed on April 22 ,2021 through May 16, 2022, due to the extent of injury.

28 TAC §133.305(b) states that if a dispute over the extent of a covered work injury exists for the same service for which there is a medical fee dispute, the dispute regarding the extent of injury shall be resolved prior to the submission of a medical fee dispute.

A review of the documentation finds that the carrier did not provide a copy of a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the service in dispute does not contain an unresolved extent of injury issue, this matter is ripe for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines.

2. The requestor seeks payment in the amount of \$708.92, for prescriptions dispensed between April 22, 2021, through May 16, 2022.

28 TAC §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."

The prescriptions in question were dispensed between April 22, 2021, through May 16, 2022. The medical fee dispute was received by the Division on October 25, 2024. This date is more than a year following the in-question dates of service.

28 TAC §133.307 (c) (1) (A) states, "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."

A review of the submitted documentation finds that the disputed prescriptions do not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division; 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.

The Division finds the requestor has not established that reimbursement of is due.

Order

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

Authorized Signature

_____	_____	December 5, 2024
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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the DWC Form-045M, 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 the Division. **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.