



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-25-0585-01

Carrier's Austin Representative

Rep Box 15

DWC Date Received

November 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 16, 2022	NDC # 67877-0222-10	\$63.96	\$0.00
October 21, 2022	NDC # 71093-0111-05	\$854.50	\$0.00
Total		\$918.46	\$0.00

Requestor's Position

"Gabapentin 100 MG filled on 06/22/2022 and Gabapentin 600 MG filled on 10/21/2022 were denied with the code 'P2 Not a work related injury/illness and thus not the liability of the workers' compensation carrier.' The same medications were paid on other dates of service under the same claim. The EORs are attached."

Amount in Dispute: \$918.46

Respondent's Position

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 11/07/2024, as evidenced by the date stamp on the DWC-60. The dates of service in dispute are 6/16/2022 and 10/21/2022, and the attached EOBs do not reflect any extent, liability or medical necessity issues. Therefore, Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service."

Response Submitted by: Downs & Stanford, P.C.

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 §133.305 sets out the general procedures for medical dispute resolution.
2. 28 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:

- B12 – Services not documented in patient's medical records.
- P12 – Worker's compensation jurisdictional fee schedule adjustment.
- P2 – Not a work-related injury/illness and thus not the liability of the worker's compensation carrier.

Issues

1. Are the disputed services eligible for review by Medical Fee Dispute Resolution?

Findings

The requestor seeks payment in the amount of \$918.46, for prescription medications dispensed on June 16, 2022, and October 21, 2022.

28 TAC §133.307 (c) (1) states in the pertinent part, "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 on June 16, 2022, and October 21, 2022. The medical fee dispute was received by the Division on November 7, 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 services 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 2, 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 prefieres 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.