



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

EZ Scripts LLC

**Respondent Name**

Judson ISD

**MFDR Tracking Number**

M4-25-1055-01

**Carrier's Austin Representative**

Box Number 16

**DWC Date Received**

January 17, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 19, 2024	NDC # 89122-0724-12 / Hyalgan 20mg IA Injection	\$749.56	\$0.00

### Requestor's Position

"Enclosed is the outstanding pharmacy bill from EZ Scripts, which was submitted to Tristar Risk Management, in a timely manner after the prescription was filled."

**Amount in Dispute:** \$749.56

### Respondents' Position

"Judson Independent School District (Self-Insured,) by and through its third-party administrator, Tristar Risk Management Services, has received a Medical Fee Dispute Resolution request from EZ Scripts which has been docketed as M4-25-1055-01. The bill in the amount of \$749.56 from EZ Scripts for which they have sought medical fee dispute resolution was not paid as the bill was not timely submitted pursuant to Texas Labor Code §408.027. This bill was received on January 17, 2025, as noted on the attached EOB sent to EZ Scripts, after receipt of their request for medical fee dispute resolution."

**Response Submitted by:** Ray, Pena, McChristian, PC

# 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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out the medical bill submission procedures for health care providers.
3. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
5. [TLC §408.0272](#) provides for certain exceptions to the untimely submission of a medical bill.

## **Denial Reasons**

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

- XE(29) - Bills are not payable if the number of days between the date of service/discharge and the submission date exceeds 95 days.
- TO29, TX 29 - The time limit for filing has expired.

## **Issues**

1. What is the timely filing deadline for submission of a medical bill?
2. Is the insurance carrier's denial supported?

## **Findings**

1. The requestor seeks reimbursement in the amount of \$749.56, for a prescription rendered on January 19, 2024. The insurance carrier denied the disputed services due to 95-day timely filing issues.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in TLC §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not-later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”

2. A review of the submitted documentation finds that the requestor failed to timely submit the medical bill to the insurance carrier within 95 days after the date of service. Because the medical bill for the disputed services was not submitted in a timely manner, the requestor has forfeited the right to reimbursement under TLC §408.027(a).

### **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 DWC finds the requester has established that reimbursement is not due.

### **Order**

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

### **Authorized Signature**

_____	_____	<u>February 25, 2025</u>
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](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, call CompConnection at 1-800-252-7031, option 3 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 along with a **copy** of the **Medical Fee Dispute 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](mailto:CompConnection@tdi.texas.gov).