



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

EZ SCRIPTS LLC

**Respondent Name**

TEXAS PUBLIC SCHOOL WC PROJECT

**MFDR Tracking Number**

M4-26-0319-01

**Carrier's Austin Representative**

Box Number 18

**DWC Date Received**

October 1, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 15, 2024	NDC # 29300-0125-10	\$1,194.73	\$0.00
August 05, 2024	NDC # 69584-0611-50 and 51991-0748-90		
August 14, 2024	NDC # 29300-0125-10		
September 3, 2024	NDC # 69584-0611-50 and 51991-0748-90		
September 11, 202	NDC # 29300-0125-10		
<b>Total</b>		\$1,194.73	\$0.00

### Requester's Position

"Enclosed are the outstanding pharmacy bills from EZ Scripts, which were submitted to Creative Risk Funding in a timely manner after each prescription was filled. The carrier issued a payment of \$5.00 for Meloxicam 15MG filled on 07/15/2024, 08/14/2024 & 09/11/2024. Redbook prices the AWP per unit at \$4,84500."

**Amount in Dispute:** \$1,194.73

### Respondent's Position

“As previously noted, the crux of this matter is that EZ Scripts filed its medical fee dispute resolution request more than one year following the dates of service in dispute. In accordance with Texas Administrative Code Sec. ... Consequently, because EZ Scripts filed its request with the Division on October 1, 2025 and the last date of service in dispute was September 11, 2024, its request for all dates of service is untimely and CRF is not liable for payment as a matter of law.”

**Response Submitted by:** Creative Risk Funding

## 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 \(TAC\) §133.305](#) 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 denied payment for the disputed services with the following claim adjustment codes:

- P12 – Workers compensation jurisdictional fee schedule adjustment

### Issues

1. Is the requester eligible for DWC medical fee dispute resolution for the services in question?

### Findings

1. The requester is seeking reimbursement for pharmacy services provided on July 15, 2024; August 5, 2024; August 14, 2024; September 3, 2024 and September 11, 2024. According to 28 Texas Administrative Code (TAC) §133.307(c)(1), a request for Medical Fee Dispute Resolution (MFDR) must be submitted no later than one year after the date of the disputed service, except in certain limited circumstances outlined in subsection (B) of the same provision.

Specifically, 28 TAC §133.307(c)(1)(B) allows for a later filing if one of the following conditions applies:

- (i) A related dispute concerning compensability, extent of injury, or liability under Labor Code Chapter 410 has been filed. In such cases, the medical fee dispute must be submitted within 60 days after the requester receives the final decision on compensability, extent of injury, or liability, including all appeals.

- (ii) A dispute regarding medical necessity has been filed. Here, the medical fee dispute must be filed within 60 days after the requester receives the final decision on medical necessity, including all appeals, for the specific health care services in question that were previously denied by the insurance carrier based on medical necessity.
- (iii) The dispute arises from a refund notice issued following a division audit or review. In this situation, the medical fee dispute must be filed within 60 days after the requester receives the refund notice.

In this case, pharmacy services were provided on July 15, 2024; August 5, 2024; August 14, 2024; September 3, 2024 and September 11, 2024. The Division received the MFDR request on October 1, 2025, which is more than one year after the date(s) of service. Upon review of the documentation provided, there is no indication that the dispute falls within any of the exceptions described in 28 TAC §133.307(c)(1)(B).

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

### Conclusion

The Division concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for this claim.

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

## **Order**

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

### **Authorized Signature**

[Redacted Signature]

[Redacted Signature]  
Medical Fee Dispute Resolution Officer

October 24, 2025  
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. **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](mailto:CompConnection@tdi.texas.gov).