



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

INJURED WORKERS PHARMACY LLC

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-20-1682-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

March 6, 2020

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We request that Texas Mutual Insurance Co. pay the two outstanding invoices in full, totaling \$8,677.03, and applicable interest."

**Amount in Dispute:** \$8,677.03

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "One year from disputed date 10/11/2018 and 11/5/2018 is 10/11/2019 and 11/5/2018. The TDI/DWC date stamp lists the received date as 3/6/2020 on the requestor's DWC-60 packet, a date greater than one year from. The requestor has waived its right to DWC MDR."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 11, 2018 and November 5, 2018	Prescription Medications	\$8,677.03	\$0.00

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC). 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

**Issues**

Has Injured Workers' Pharmacy, LLC waived its right to medical fee dispute resolution?

**Findings**

The health care provider must request medical fee dispute resolution within one year from the date of service, with the following exceptions:

- a related compensability, extent of injury, or liability dispute exists,
- a medical dispute regarding medical necessity has been filed, or
- the dispute relates to a refund notice issued pursuant to a division audit or review.<sup>1</sup>

Injured Workers' Pharmacy, LLC is seeking reimbursement for dates of service October 11, 2018, and November 5, 2018. The DWC received the dispute request on March 6, 2020. This date is more than one year after the date of service. Injured Workers' Pharmacy, LLC failed to provide evidence that one of the listed exceptions applies to this dispute.

The DWC finds that Injured Workers' Pharmacy, LLC has waived its right to medical fee dispute resolution.

**Conclusion**

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	April 3, 2020 Date
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***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

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<sup>1</sup> 28 TAC §133.307 (c)(1)