



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Memorial Wellness Pharmacy

**Respondent Name**

Hartford Casualty Insurance Co

**MFDR Tracking Number**

M4-23-2854-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

July 12, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 20, 2023	59651-0395-01	\$365.32	\$0.00
<b>Total</b>		\$365.32	\$0.00

### Requestor's Position

"The carrier denied the reconsideration based on lacking information which is needed for adjudication. The bill has been billed correctly."

**Amount in Dispute:** \$365.32

### Respondent's Position

"We are in receipt of the above captioned medical fee dispute resolution. Payment has been denied. The Pharmacy National Provider Identification (NPI) bill is not permitted for the service permitted."

**Response Submitted by:** Broadspire

### 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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC 133.10](#) sets out the required billing form/formats for pharmacy medical bills.

## Denial Reasons

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

- 85 – Claim not processed
- 05 – M/I Service Provider Number
- 75 – Prior authorization required
- 77 – Discontinued NDC number

## Issues

1. Is Hartford Casualty Insurance Co's denial based on missing/invalid provider number supported?

## Findings

1. The requestor is seeking reimbursement of Baclofen Tab 20mg for date of service April 20, 2023. The insurance carrier denied for missing or invalid NPI number.

A review of the NPPES registry at [www.NPPES NPI Registry \(hhs.gov\)](http://www.NPPES NPI Registry (hhs.gov)) found NPI number 1861189615 listed in box 8 of the DWC066 claim form was enumerated on April 21, 2023, and has a certification date of May 2, 2023. These dates are after the date of service in dispute.

DWC Rule 133.10 (3)(C) states, The following data content or data elements are required for a complete pharmacy medical bill related to Texas workers' compensation health care, dispensing pharmacy's National Provider Identification (NPI) number (DWC-066/field 3) is required.

Based on our review, the DWC finds the NPI number listed on the DWC-066 was not valid on the date of service. The insurance carrier's denial is supported. No payment recommended.

## 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.

DWC finds the requester has not established that reimbursement is 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**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

August 8, 2023  
\_\_\_\_\_  
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, please 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).