



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Injured Workers Pharmacy, LLC

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-23-3347-01

Carrier's Austin Representative

Box Number 45

DWC Date Received

August 29, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
09/08/2022	Isentress NDC: 00006022761	\$1,115.90	\$0.00
09/08/2022	Emtricitabine-Tenofovir NDC: 16714053401	\$2,629.25	\$0.00
09/09/2022	Isentress NDC: 00006022761	\$1,115.90	\$0.00
		\$4,861.05	\$0.00

Requestor's Position

"The carrier originally rejected the bills because we did not have the patient's SSN listed on the invoice. The SSN was updated, and bills resubmitted. The resubmitted bills denied for timely filing. An appeal was submitted with proof of timely filing by attaching the original denial letter for these two pharmacy dates. That appeal denied stating the NDC code 16714053401 was not valid. Another appeal was submitted, confirming NDC code 16714053401 is valid for the medication EMTRICITABINE-TENOFV 200-300MG. That appeal was faxed on 4/4/23 and I have yet to receive an EOB."

Amount in Dispute: \$4,861.05

Respondent's Position

"The Office found that the initial bills received for the date of service 9/8/2023[sic] and 9/9/2023[sic] were originally returned to the provider as an incomplete medical bill. The only corrected DWC66 that has been received was received on 12/21/2022 (103 days) and was denied for timely filing."

Response Submitted by: State Office of Risk Management

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 \(TAC\) §133.240](#) sets out the procedures for payment or denial of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
4. [28 TAC §133.10](#) sets out required professional medical billing formats.
5. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

Denial Reasons

- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is the requestor entitled to reimbursement?

Findings

1. Per the explanation of benefits (EOB) submitted, the drugs in dispute, with dates of service of September 8, 2022, and September 9, 2022, were denied reimbursement due to the untimely filing of the complete medical bill.

28 TAC §133.10(f)(3)(J), which sets out the required elements of a complete pharmacy medical bill, requires that the injured employee's social security number be included on the pharmacy bill. A review of the submitted documentation finds that the insurance carrier returned the initial pharmacy bill to the requestor as incomplete because the injured employee's social security number was omitted. A review of medical bills submitted finds that the corrected and complete pharmacy bill was later resubmitted to the insurance carrier on December 21, 2022.

28 TAC §133.20 which sets out requirements of timely medical bill submission, states in pertinent part "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied."

Texas Labor Code §408.0272(b) sets out certain exceptions for untimely submission of a claim, states "(b) Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider."

DWC finds no documentation to support the fact that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, exist in this dispute.

The drugs in dispute have a date of service of September 8, 2022, and September 9, 2022, per the pharmacy medical bills submitted. The complete pharmacy medical bill was received by the insurance carrier on December 21, 2022, greater than 95 days from the dates of service.

DWC finds that denial reason 29, defined above as "the time limit for filing has expired", is supported.

2. The requestor is seeking reimbursement for drugs dispensed on September 8 and 9 of 2022. A review of submitted documents finds that the requestor failed to support the timely filing of the complete pharmacy medical bill in accordance with 28 TAC §133.20.

DWC finds that the requestor has forfeited their right to reimbursement of the disputed claim and is therefore not entitled to payment for the drugs in dispute, dispensed on September 8, 2022, and September 9, 2022.

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 that the requestor 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

October 9, 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. 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.

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.