

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
MEMORIAL WELLNESS
PHARMACY

Respondent Name
AIU INSURANCE CO

MFDR Tracking Number
M4-24-1648-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
April 1, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 22, 2023	Cyclobenzaprine 29300-0415-10	\$90.24	\$0.00
Total		\$90.24	\$0.00

Requestor's Position

"Memorial Wellness Pharmacy has received several denials for the bill with date of service 03/22/2023. The carrier denied the original bill as well as the reconsideration based on (LACK OF PREAUTHORIZATION). Memorial did not receive any additional denial codes for the rejection of this bill from the carrier."

Amount in Dispute: \$90.24

Respondent's Position

"The provider failed to file its DWC-60 within one year of the date of service. The provider filed its DWC-60 with DWC on April 1, 2024."

Response Submitted by: Flahive Ogden & Latson

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.

Denial Reasons

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

- 90563 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 197 – Payment denied/ reduced for absence of precertification/authorization
- 5283 – Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract...

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

The date of the services in dispute is March 22, 2023. The request for medical fee dispute resolution was received on April 1, 2024. This date is later than one year after the date(s) of service in dispute. The Division concludes that the requestor has failed to timely file this dispute; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

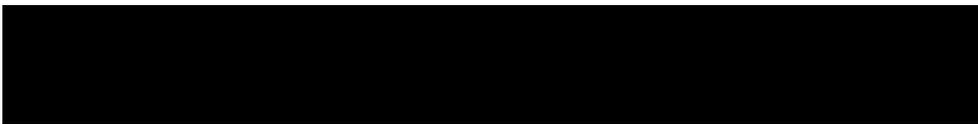
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds that 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 service.

Authorized Signature



May 9, 2024

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. 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.

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.