



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TRUSTRX Pharmacy

Respondent Name

National Fire Insurance Co. of Hartford

MFDR Tracking Number

M4-24-1769-01

Carrier's Austin Representative

Box Number 57

DWC Date Received

April 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 13, 2022		\$208.74	\$0.00
January 12, 2023		\$23.96	\$0.00
Total		\$232.70	\$0.00

Requestor's Position

"Attached to this Medical Fee Dispute for ... workman comp claim are the following:

- Copy of the original Bill(s) sent to carrier
- Copy of original denials
- Copy of appeals that were sent in to carrier (regarding original denial)
- Copy of denials after appeals were processed"

Amount in Dispute: \$232.70

Respondent's Position

"Carrier respectfully requests that this MFDR be dismissed because the hcp failed to timely request MFDR within one year from the date of service."

Response Submitted by: LAW OFFICES OF BRIAN J. JUDIS

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 Medical Fee Dispute Resolution (MFDR) requests.

Denial Reasons

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

- 193 - ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 300 - BILLING IS A DUPLICATE OF OTHER SERVICES PERFORMED ON SAME DAY.
- 1014 - THE ATTACHED BILLING HAS BEEN RE-EVALUATED AT THE REQUEST OF THE PROVIDER. BASED ON THIS RE-EVALUATION, WE FIND OUR ORIGINAL REVIEW TO BE CORRECT. THEREFORE, NO ADDITIONAL ALLOWANCE APPEARS TO BE WARRANTED.
- 5139 - THIS INQUIRY APPEARS TO BE A DUPLICATE OF A PREVIOUS INQUIRY.
- 5219 - THE PHYSICIAN WAS NOT AUTHORIZED ON THIS CLAIM.
- 1 - A DISPENSING FEE IS NOT APPLICABLE TO THE ALLOWANCE OR PAYMENT OF THE MEDICATION.
- 3 - CHARGE FOR PHARMACEUTICALS EXCEED THE FEES ESTABLISHED BY THE FEE SCHEDULE.
- 91 - DISPENSING FEE ADJUSTMENT.
- 197 - PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 5026 - FIRST SCRIPT HAS DENIED THE LINE FOR UTILIZATION.

Issues

1. Has the requestor waived its right to medical fee dispute resolution (MFDR)?

Findings

1. The requestor is seeking reimbursement for pharmacy services rendered on disputed dates of service December 13, 2022, and January 12, 2023. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on April 15, 2024.

28 (TAC) §133.307 (c)(1)(A) sets out the timely filing procedures for Medical Fee Dispute Resolution (MFDR) requests. It requires a request for MFDR that does not meet any exceptions listed in 28 TAC §133.307(c)(1)(B) to be filed no later than one year after the dates of service in dispute. 28 TAC §133.307(c)(1)(B) sets out those exceptions, stating, "A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
- (iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice. "

The disputed dates of service are December 13, 2022, and January 12, 2023. On April 15, 2024, DWC received the DWC060 request form. The disputed services do not meet any of the exceptions specified in 28 TAC 133.307(c)(1)(B), according to an examination of the submitted documentation. DWC finds that more than a year has passed since the disputed date of service and the request for medical fee dispute resolution was submitted.

DWC finds that the requestor has forfeited its right to MFDR and is not eligible for Medical Fee Dispute Resolution review.

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 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:

May 7, 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, 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