

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TRUSTRX PHARMACY

Respondent Name

INDEMNITY INSURANCE CO OF NORTH

MFDR Tracking Number

M4-24-1800-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

April 15, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 8, 2023	Gabapentin, Cyclobenzaprine Hydrochloride and Naproxen	\$162.32	\$0.00
	Total	\$162.32	\$0.00

Requestor's Position

"I have attached the Bill for DOS 03/08/23 for processing of payment. Per the denial this was paid than reversed. This would be incorrect. DOS 03/08/23 is payable and should be processed correctly per the Decision and Order that is on file with the Texas department of insurance division of workers' compensation Dallas filed office."

Amount in Dispute: \$162.32

Respondent's Position

"Medical Fee Dispute Resolution received Requestor's DWC-60 on 4/15/2024, as evidenced by the date stamp on the DWC-60. The date of service in dispute is 3/08/2023. Respondent requests Medical Fee Dispute Resolution enter a Findings and Decision stating Requestor waived their right to dispute resolution as the request was not filed within one year of the date of service."

Response Submitted by: Downs Stanford

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 [reduced or denied] the payment for the disputed services with the following claim adjustment codes:

- 60 (B13) – The provider was billed for the exact services on a previous bill
- XD (P12) – This bill was submitted after the billing timeliness guidelines provided
- ZR (P12) – The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended

Issues

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

Findings

The requestor seeks payment for prescription medication provided on March 8, 2023.

28 TAC §133.307 (c) (1) states in the pertinent part, "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 service in question was performed on March 8, 2023. On April 15, 2024, the Division received the request for medical fee dispute resolution. This date is more than one year following the in-question date of service.

28 TAC §133.307 (c) (1) (A) states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

A review of the submitted documentation finds that the requestor refers to a CCH decision and order, however a copy of the said decision and order was not included in the DWC060 dispute request. As a result, the Division concludes that the disputed service does not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the DWC; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

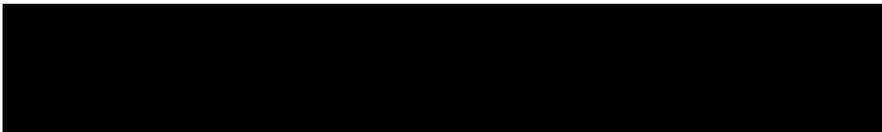
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds that no additional 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, 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.