



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

MedStork

**Respondent Name**

Hanover American Insurance Co.

**MFDR Tracking Number**

M4-25-0950-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

December 27, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 27, 2023 – April 29, 2024	Pharmaceutical Services	\$11,707.68	\$0.00

### Requestor's Position

"The letter stated, 'the medical bills sent to the insurance carrier were not complete bills ...' I do not see how that could be when the pharmacy bills were sent on TDI state mandated form (DWC066). Also, Hanover has not only accepted the form but have paid on some bills using this form."

**Amount in Dispute:** \$11,707.68

### Respondent's Position

"Some of the dates of service at issue were paid, while many others were returned. A review of the billing submitted by Hanover in support of its Request for Medical Fee Dispute Resolution confirms that MedStork consistently submitted incomplete billing forms. DWC Rule133.10 outlines the information needed for a bill to be considered a complete medical bill. On the submitted DWC-066 forms, Box 5/invoice number, was left blank, in violation of DWC Rule 133.10(f)(3)(E). This error/omission was noted on the Explanations of Benefits/Sendbacks that were generated and submitted by Hanover in response to the billing.

"Because MedStork did not submit complete medical bills, and Hanover notified MedStork of the missing information, Hanover's obligation with regard to such submissions was satisfied, per DWC Rule 133.200(c). No payment is due."

**Response Submitted by:** Burns Anderson Jury & Brenner, L.L.P.

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.10](#), effective April 1, 2014, 38 TexReg 9594 sets out the procedures for completing a medical bill prior to June 1, 2024.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. 28 TAC §§[134.530](#) and [134.540](#), effective April 22, 2018, 43 TexReg 2275 set out the preauthorization requirements for pharmaceutical services.

### Denial Reasons

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

- HE75 – Prior Authorization required to process this bill.

### Issues

1. Is the insurance carrier's denial of payment for date of service April 23, 2024, based on preauthorization supported?
2. Is MedStork entitled to reimbursement for the services in question?

### Findings

1. The submitted documentation suggests that the requestor is seeking reimbursement, in part, for Citalopram dispensed on date of service April 23, 2024. Per explanation of benefits dated May 14, 2024, the insurance carrier denied payment for this drug stating, "Prior Authorization required to process this bill."

Per 28 TAC §134.530(b)(1) and §134.540(b), preauthorization is only required for:

- drugs identified with a status of "N" in the current edition of the ODG Appendix A;
- any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;

- any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
- any investigational or experimental drug.

DWC finds that the ODG Appendix A, effective for the date of service in question, classified Citalopram with a status of "N." Therefore, this drug required preauthorization. No evidence was provided to indicate that the requestor had obtained preauthorization. The insurance carrier's denial of payment is supported, and no reimbursement can be recommended.

2. In its position statement, the insurance carrier argued that "MedStork consistently submitted incomplete billing forms." Per 28 TAC §133.10, which sets out the requirements for completing bills for pharmaceutical services:

- (f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form ...
- (3) The following data content or data elements are required for a complete pharmacy medical bill related to Texas workers' compensation health care: ...
  - (E) invoice number (DWC-066/field 5) is required

In review of the medical bills (DWC-066) submitted with this dispute, DWC finds that each bill was missing an invoice number in field 5. Therefore, these bills are incomplete as defined by 28 TAC §133.10(f)(3). No evidence was submitted that complete medical bills were submitted for the dates of service in question. Therefore, DWC finds that the requestor is not entitled to reimbursement for the disputed services.

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**

\_\_\_\_\_  
Signature

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

May 16, 2025  
\_\_\_\_\_  
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 three 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 tres o correo electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).