



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

Service Lloyds Insurance

MFDR Tracking Number

M4-25-1203-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

February 4, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 4, 2024	NDC # 16571078310 Cyclobenzaprine Hydrochloride	\$65.52	\$0.00

Requestor's Position

"This medication has paid on prior dates of service, please review the enclosed and process date of service 4/4/24 for payment."

Amount in Dispute: \$65.52

Respondents' Position

"We have reprocessed DOS 04/04/2024 as requested under Bill ID SLTX-286367, DOS 04/04/2023[sic], Charged amount \$65.62. Payment of \$ 0.00 has been processed as this claim is disputed for the extent of injury, no preauthorization was obtained, and treatment is outside of Official Disability Guidelines for compensable injury."

Response Submitted by: Mitchell International, Inc.

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.
2. [28 TAC §133.20](#) sets out the medical bill submission procedures for health care providers.
3. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
5. [TLC §408.0272](#) provides for certain exceptions to the untimely submission of a medical bill.

Denial Reasons

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

- 29, X29 – The time limit for filing has expired.
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 350 - Bill has been identified as a request for reconsideration or appeal.
- 351 - No additional reimbursement allowed after review of appeal/reconsideration.
- 375 - Please see special *note* below.
- A1 - Claim/service denied.
- P12 - Workers' compensation jurisdictional fee schedule adjustment.
- W3 - In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- XA1 - Claim/service denied.
- Note: Resubmitted with additional information MFDR # M4-25-1203-01, Disputed extent of injury, no pre auth obtained, treatment outside ODG for compensable injury.

Issues

1. Does the dispute contain an unresolved extent of injury issue?
2. Is the insurance carrier's 95-day timely filing denial supported?

Findings

1. The requestor seeks reimbursement in the amount of \$65.52, for a prescription dispensed on April 4, 2024. A review of the submitted documentation finds that the division received the medical fee dispute on February 4, 2025. The insurance carrier's response included a copy of an EOB dated February 13, 2025, which raised the issue of the extent of injury.

28 TAC 133.307 (d)(2)(H) states, "(d) Responses. Responses to a request for MFDR must be legible and submitted to the division and to the requestor in the form and manner prescribed by the division... (2) Response. On receipt of the request, the respondent must provide any missing information not provided by the requestor and known to the respondent. The respondent must also provide the following information and records... (H) If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements) ..."

A review of the documentation submitted by the parties finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

The respondent did not submit information to MFDR, sufficient to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the compensability denial was not timely presented to the requestor. Because the service in dispute does not contain an unresolved compensability issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, the disputed service is reviewed pursuant to the applicable rules and guidelines.

2. The insurance carrier denied the disputed services due to 95-day timely filing issues.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support any of the exceptions described in TLC §408.0272 applying to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

A review of the submitted documentation finds that there was no evidence to support that the medical bill was submitted no later than the 95th day after the date the services are provided. Because the medical bill for the disputed services was not submitted in a timely manner, the requestor has lost the right to payment under TLC §408.027(a).

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.

The DWC finds the requester 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

_____	_____	<u>March 3, 2025</u>
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 this dispute, at the same time the request is filed with DWC along with a **copy** of the ***Medical Fee Dispute 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.