



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Injured Workers Pharmacy LLC

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-25-2223-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 13, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 25, 2024	NDC # 29300042110 / Amitriptyline	\$43.59	\$0.00
July 25, 2024	NDC # 00406048410 / Acetaminophen-cod	\$120.84	\$0.00
October 17, 2024	NDC # 29300042110 / Amitriptyline	\$43.59	\$0.00
October 21, 2024	NDC # 00406048410 / Acetaminophen-cod	\$120.84	\$0.00
November 12, 2024	NDC # 29300042110 / Amitriptyline	\$43.59	\$0.00
Total		\$372.45	\$0.00

Requester's Position

“CorVel denied the dates of service in question, stating we did not bill within the 95-day filing limit. An appeal was submitted with proof of timely filing. The proof we submitted was a fax confirmation for all dates of service in question and proof via the clearing house Jopari that our bills were received timely and forwarded to CorVel for processing.”

Amount in Dispute: \$372.45

Respondent's Position

"Given that the HCP never forwarded valid proof of timely filing to the carrier, and there was no violation of the Workers' Compensation Act or division rules, CorVel respectfully requests the division issue a decision indicating the requester is entitled to \$0.00 reimbursement for dates of service: 7/25/2024, 10/17/2024, 10/21/2024 and 11/12/2024 in the total amount billed of \$372.45."

Response Submitted by: CorVel

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 \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 352 – Network disc not applicable to procedure billed.
- 18 – Duplicate claim/service.
- R1 – Duplicate billing.
- W3 – Appeal/reconsideration.
- 97A – Provider appeal.
- Note: Per Rule 133.20(b) A health care provider (HCP) shall not submit a complete medical bill later than the 95th day after the date(s) the service(s) is(are) provided.

Issues

1. Is the requester entitled to reimbursement for the disputed service(s)?

Findings

1. The requester is seeking reimbursement in the amount of \$372.45, for medications dispensed on July 25, 2024, October 17, 2024, October 12, 2024, and November 12, 2024. The insurance carrier denied the claims, citing untimely submission of the medical bills.

According to 28 Texas Administrative Code (TAC) §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC §408.0272(b), which allows for late submission if the provider billed:

- An insurer that issued a group accident and health insurance policy under which the injured employee was covered;
- A health maintenance organization that issued evidence of coverage for the injured employee;
- A workers' compensation insurance carrier other than the one liable for payment of benefits; or
- If the commissioner determines that a catastrophic event substantially interferes with the provider's normal business operations.

TLC §408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties.

Upon review, the Division of Workers' Compensation (DWC) found insufficient evidence that the medical bills were submitted to the insurance carrier within 95 days after the service date. There was also no supporting documentation indicating that the bills qualified for any of the stated exceptions, nor any evidence of an agreement between the parties to extend the filing deadline.

Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The resolution of this medical fee dispute is based on the evidence submitted by both the requester and the respondent. While not every piece of evidence is discussed in detail, all materials were reviewed and considered.

The DWC finds that the requester has not established entitlement to reimbursement.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 27, 2025
Date

Your Right to Appeal

Either party to this medical fee dispute has the right to seek review of this decision under 28 TAC §133.307, which pertains to disputes filed on or after June 1, 2012.

A party wishing to seek 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 adhere to the instructions provided on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. You must submit your request to DWC within 20 days from the date you receive this decision. You can send your request via fax, mail, or by delivering it in person to DWC, using the contact details provided on the form or those of the field office managing your claim. It is imperative that your request is made within the specified timeframe to ensure proper handling of your case. Should you have any questions regarding DWC Form-045M, please contact CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

When seeking a review of the Medical Fee Dispute Resolution (MFDR) decision, the party initiating the review shall deliver a copy of the request to all other parties involved in the dispute simultaneously with the filing of the request with the Department of Workers' Compensation (DWC). Additionally, it is essential to include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required information as specified 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 electrónico CompConnection@tdi.texas.gov.