



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

ADVANCED INFUSION SOLUTIONS

**Respondent Name**

LIBERTY MUTUAL FIRE INSURANCE CO.

**MFDR Tracking Number**

M4-25-2777-01

**Carrier's Austin Representative**

Box Number 60

**DWC Date Received**

July 3, 2025

### Summary of Findings

| Dates of Service                            | Disputed Services | Amount in Dispute | Amount Due |
|---|-------------------|-------------------|------------|
| November 16, 2022, through October 17, 2023 | J7999             | \$95,490.51       | \$0.00     |

### Requestor's Position

"This claim was billed with the code J7999 for one unit per drug and the allowed amount is not acceptable. AIS reached out to the adjuster on multiple occasions to try and get this resolved. There is a vast array of drugs that can be billed with J7999, and each has a different AWP."

**Amount in Dispute:** \$95,490.51

### Respondent's Position

"This bill for DOS 05/04/2022 - 12/12/2023 will not be reviewed as this dispute has been submitted past the timely filing deadline per Rule 133.307: 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. The MFDR was filed on 07/03/2025 which is greater than time allotted."

**Response Submitted by:** Liberty Mutual

## 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.

### Adjustment Reasons

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

- 309 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- 5732 - INSURANCE CARRIER PAYMENT TO THE HEALTH CARE PROVIDER SHALL BE ACCORDING TO COMMISSION MEDICAL POLICIES AND FEE GUIDELINES IN EFFECT ON THE DATE(S) OF SERVICE(S). HEALTH CARE PROVIDERS SHALL NOT BILL ANY UNPAID AMOUNTS TO THE INJURED EMPLOYEE OR THE EMPLOYER, OR MAKE ANY ATTEMPT TO COLLECT THE UNPAID AMOUNT FROM THE INJURED EMPLOYEE OR THE EMPLOYER UNLESS THE INJURY IS FINALLY ADJUDICATED NOT TO BE COMPENSABLE, OR THE INSURANCE CARRIER IS RELIEVED OF THE LIABILITY UNDER LABOR CODE 408.024.

### Issues

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

### Findings

1. The requestor is seeking reimbursement for compounded medication infusion services rendered on multiple disputed dates of service, between November 16, 2022, and October 17, 2023. The medical fee dispute resolution (MFDR) request form, DWC060, was received by the division on July 3, 2025.

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 range from November 16, 2022, through October 17, 2023. On July 3, 2025, DWC received the DWC060 request form. The disputed service does 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 dates of service and the request for medical fee dispute resolution was submitted.

According to DWC, 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:**

|           |  |              |
|-----------|--|--------------|
| Signature | Medical Fee Dispute Resolution Officer     | Date         |
|           |  | July 9, 2025 |
| Signature | Director of Medical Fee Dispute Resolution | Date         |
|           |  | July 9, 2025 |

## **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 3 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 3 o correo electrónico [CompConnection@TDI.Texas.gov](mailto:CompConnection@TDI.Texas.gov)