



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

City of Houston

MFDR Tracking Number

M4-26-0629-01

Insurance Carrier's Austin Representative

BOX 29 Pappas & Suchma PC

DWC Date Received

November 4, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 7, 2024	MAPAP – NDC 00904672060	\$8.65	\$0.00
November 7, 2024	Gabapentin – NDC 3122015001	\$37.66	\$0.00
November 7, 2024	Hydroxyzine – NDC 16714008110	\$43.98	\$0.00
November 7, 2024	Methocarbamol – NDC 70010077005	\$18.48	\$0.00
December 6, 2024	MAPAP – NDC 00904672060	\$8.65	\$0.00
December 6, 2024	Gabapentin – NDC 69367034605	\$110.22	\$0.00
December 6, 2024	Hydroxyzine – NDC 16714008110	\$43.98	\$0.00
December 6, 2024	Methocarbamol – NDC 70010077005	\$47.45	\$0.00
December 6, 2024	Lidocaine – NDC 39328002430	\$86.60	\$0.00
Total		\$405.67	\$0.00

Requester's Position

"Trustrx has filed a Medical Fee Dispute for the following Dates of Service: DOS 11/07/2024 & 12/06/2024.

"Attached to this submission are copies of the original bills, corresponding Explanation of Benefits (EOBs) reflecting denials, and the reconsideration requests with their respective responses. These documents are provided to support the dispute and demonstrate that appropriate billing and appeals processes have been followed."

Amount In Dispute: \$405.67

Respondent's Position

"Our records indicate pharmacy bills were received on improper form CMS1500(s).

"Date of Service 11/7/2024 ... was received 7/11/2025, which is eight months and four days after the date of service. This submission was denied due to untimeliness. It is pertinent to note that the fax confirmation sheet submitted as proof of timely filing did not contain a valid number for Tristar.

"Date of service December 6, 2024, ten E-bills were received and subsequently returned due to improper form submissions on December 23, 2024, and April 28, 2025. A subsequent bill, associated with the processing of DWC066 form ..., was received on July 9, 2025, which was seven months and three days after the date of service. This submission was denied due to untimeliness. Furthermore, the submission reflected a name change to Summit Pharmacy. It is pertinent to note that the fax confirmation sheet submitted as proof of timely filing did not contain a valid number for Tristar."

Response Submitted By: Injury Management Organization, Inc.

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.10](#) sets out the requirements for a complete medical bill.
3. 28 TAC Section [133.20](#) sets out the requirements for medical bill submission.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 29 – The time limit for filing has expired.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on timely filing supported?

Findings

1. The requester is seeking reimbursement for drugs dispensed on November 7, 2024, and December 6, 2024. The insurance carrier returned submitted forms stating, "The attached bill is being returned to provider must be billed on the proper billing form (DWC-066 Pharmacy form). The services in question were subsequently denied for timely filing.

These are the services considered in this dispute.

2. According to 28 TAC Section 133.20(b), a health care provider must submit a medical bill to the insurance carrier within 95 days from the date of service with few exceptions.

Per 28 TAC Section 133.10(c) requires pharmacists and pharmacy processing agents to "submit bills using the division form DWC-066. A pharmacist or pharmacy processing agent may submit bills using an alternate billing form if:

- (1) the insurance carrier has approved the alternate billing form prior to submission by the pharmacist or pharmacy processing agent; and
- (2) the alternate billing form provides all information required on the division form DWC-066."

Submitted documentation indicates that initial billing was not submitted on the required DWC Form-066, *Statement of Pharmacy Services* (DWC Form-066). This billing was returned to the requester advising the requester to submit bills on DWC Form-066. The documentation submitted was insufficient to support that bills for the services in question were submitted on DWC Form-066 within 95 days from the date of service.

DWC finds that the insurance carrier's denial based on timely filing is supported.

Conclusion

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

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code Sections [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

February 27, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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, please call CompConnection at 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.