



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

City of Houston

MFDR Tracking Number

M4-26-0651-01

Carrier's Austin Representative

Box Number 29

DWC Date Received

November 4, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2025	MAPAP - 00904672060	\$8.65	\$0.00
January 3, 2025	GABAPENTIN-69367034605	\$110.22	\$0.00
January 3, 2025	HYDROXYZ-16714008210	\$61.68	\$0.00
January 3, 2025	LIDOCAINE-39328002430	\$86.60	\$0.00
January 3, 2025	METHOCARBAM-69584061210	\$49.74	\$0.00
January 31, 2025	MAPAP-00804672080	\$8.65	\$0.00
January 31, 2025	GABAPENTIN-6936734605	\$110.22	\$0.00
January 31, 2025	HYDROXYZ-16714008210	\$61.68	\$0.00
January 31, 2025	LIDOCAINE-38328002430	\$86.60	\$0.00
January 31, 2025	METHOCARBAM-69584081210	\$49.74	\$0.00
	Total	\$633.78	\$0.00

Requester's Position

"Trustrx Pharmacy dispensed the above medications on January 3, 2025 and January 31, 2025, for the accepted compensable injury. Both bills were submitted as clean claims per the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) billing requirement. Despite timely submission and full compliance with TDI-DWC billing standards, the carrier denied the medications without valid justification..."

Amount in Dispute: \$633.78

Respondent's Position

"Date of Service January 3, 2025. DCN 6207398 was received on July 7, 2025, which is six months and four days after the date of service. This submission was denied due to untimeliness. ...Date of service January 31, 2025, DCN 6214023, 6214024, 6214025, 6214026 and 6214022 were received on July 7, 2025, which is five months and seven days after the date of service. This submissions was denied due to untimeliness. It is pertinent to note that the bill(s) did not contain proof of timely filing."

Response Submitted by: Injury Management Organization, 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 requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.
5. [28 TAC 133.10](#) sets out required billing forms/formats for health care providers billing.

Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 29 – The time limit for filing has expired.

Issues

1. Did the requester support timely submission of medical claim?
2. Are the NDC numbers listed on the DWC060 supported by medical bills?

Findings

1. The requester is seeking reimbursement of medications dispensed in January of 2025. The insurance carrier denied the services stating the medical bill was not submitted within 95 days of the date of service.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found a document dated April 29, 2025 that states, "RESUBMISSION." The date of April 29, 2025 is over 95 days from both dates of service in dispute. Insufficient evidence was found to support submission of these medical bills prior to the April, 29, 2025 faxed transmission.

Additionally, DWC finds there is insufficient information to support any of the exceptions described above.

2. Review of the submitted DWC060 and DWC066 with this request for MFDR indicates NDC numbers as shown above. However, the "ePrescription" label indicates different NDC numbers for the medications "MPAP acetaminophen 500 mg", Hydroxyzine, Lidocaine, Methocarbamol, Gabapentin. DWC Rule 28 TAC §133.10 (f) (3) (R) states, 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: (R) generic National Drug Code (NDC) code (DWC-066/field 21) is required when a generic drug was dispensed or if dispensed as written code '2' is reported in DWC-066/field 19;

Based on this review, DWC finds the NDC numbers listed on the dispensing labels do not match the NDC numbers listed on the pharmacy billing or the request for MFDR. No payment is recommended.

Conclusion

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

DWC finds the TrustRX Pharmacy has not established that reimbursement of \$633.78 is due.

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

_____	_____	December 4, 2025
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, please 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 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.