



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

TrustRX Pharmacy

**Respondent Name**

Swiss Reinsurance America Corp

**MFDR Tracking Number**

M4-26-0854-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

November 24, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 14, 2024	Cyclobenzapr-NDC 18571-0783-50	\$65.52	\$0.00
November 14, 2024	Gabapentin-NDC 31722-0150-01	\$64.11	\$0.00
November 14, 2024	Amitriptylin-NDC 16571-0106-10	\$26.62	\$0.00
December 16, 2024	Cyclobenzapr-NDC 18571-0783-50	\$65.52	\$0.00
December 16, 2024	Gabapentin-NDC 31722-0150-01	\$64.11	\$0.00
December 16, 2024	Amitriptylin-NDC 16571-0106-10	\$26.62	\$0.00
January 15, 2025	Cyclobenzapr-NDC 18571-0783-50	\$65.52	\$0.00
January 15, 2025	Gabapentin-NDC 31722-0150-01	\$64.11	\$0.00
January 15, 2025	Amitriptylin-NDC 16571-0106-10	\$26.62	\$0.00
Total		\$468.89	\$0.00

### Requester's Position

"These bills were originally submitted on the required Texas DWC-066 pharmacy billing form, by

mail, with proof of delivery and documentation showing the method of submission. Despite being correctly submitted, the carrier denied each of these dates of service stating the bill was sent on an incorrect form, which is inaccurate and unsupported by documentation.”

**Amount in Dispute:** \$468.89

### **Respondent's Position**

“The Provider initially submitted its pharmacy bills on a document other than a DWC-066. For the November 14, 2024 date of service, the Provider submitted bills to the Carrier on November 26, 2024 but they were not on the correct form. The Provider did not submit the correct form which is a DWC-066 to the Carrier until June 16, 2025. The same scenario plays out for the December 16, 2024 and the January 15, 2024 dates of service. For the December 16, 2024 date of service, the Provider submitted the initial pharmacy bill on December 30, 2024. However, it was not on the correct form. The Provider submitted the correct form on June 16, 2025. For the January 15, 2025 date of service, the initial pharmacy bill was submitted to the Carrier in January 28, 2025. However, it was not on the correct form. It was eventually resubmitted to the Carrier on June 16, 2025 in the form of a DWC-066. ...The Provider is not entitled to any reimbursement.”

**Response Submitted by:** Flahive, Ogden & Latson

### **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.

#### Denial Reasons

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

- 29 – The time limit for filing has expired.

- 4271 – Per TX Labor Code Sec. 408.026. Providers must submit bills to payors within 95 days of the date of service.
- Bill is not on the required form. Submit medical bills for payment on: Pharmacy: Division from DWC-066
- 285 – Please refer to Note above for a detailed explanation of the reduction.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.

### Issues

1. Is date of service November 14, 2024 eligible for MFDR?
2. Did the requester support timely submission of medical claim?

### Findings

1. The requester is seeking payment for medication dispensed November 14, 2024. DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution 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.

(B) 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 requester 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 requester 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 date of the service in dispute is November 14, 2024. The request for medical dispute resolution was received at the Division on November 24, 2025. Insufficient evidence was found to support an exception described above. Date of service November 14, 2024 is not eligible for MFDR.

2. The requester is seeking reimbursement of medications dispensed on December 16, 2024 and January 15, 2025. The insurance carrier denied the services stating the medical bill was not

submitted on the required form and the correct form was not received 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 the requester submitted documents from "Daisy Bill". The information contained in these documents was insufficient to support the disputed dates of service in December of 2024 and January of 2025 were submitted on the required billing form within 95 days.

The greater weight of evidence from the explanation of benefits supports the respondent's position statement that the disputed dates of service were not submitted timely.

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

_____	_____	January 2, 2026
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](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).