TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Injured Workers Pharmacy

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-2091-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 26, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
June 25, 2025	55566410001	$2,834.21	$0.00
	Total	$2,834.21	$0.00

Requester's Position

"The attached bill has been submitted to Sedgwick countless times but has not been reviewed. This bill is well past 45-days from received date. We have reached out to adjusters an [sic] submitted appeals to hopefully trigger a request for review but there has been no response. Please refer to the attached documentation."

Amount In Dispute: $2,834.21

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 30, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 102.4 details the general rules for non-division communication.
3. 28 TAC Section 133.20 sets out the requirements for medical bill submission.
4. 28 TAC Section 133.250 sets out requirements of requesting reconsideration.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Has the requester supported timely submission of claim and reconsideration of the disputed service?

Findings

1. The requester is requesting MFDR for the injectable medication Euflexxa for date of service June 25, 2025. DWC will review the submitted documentation to determine if claim submission requirements were met.
2. The applicable DWC Rule(s) that detail the requirements of claim submission and request for reconsiderations are found in 28 TAC Section 133.20 (b) which states, Except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider must not submit a medical bill later than the 95th day after the date the services are provided.

   28 TAC Section 133.250 (c) states, A health care provider shall not submit a request for reconsideration until:
   (1) the insurance carrier has taken final action on a medical bill; or

(2) the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier.

28 TAC Section 133.250 (d) states, A written request for reconsideration shall:
(1) reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill;
(2) include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier;
(3) include any necessary and related documentation not submitted with the original medical bill to support the health care provider's position; and
(4) include a bill-specific, substantive explanation in accordance with §133.3 of this title (relating to Communication Between Health Care Providers and Insurance Carriers) that provides a rational basis to modify the previous denial or payment.

The information submitted with this request for MFDR contained only screen shots of emails between the requester and MyMatrixx prior authorization and then emails to mmxpaper1@ddinbound.com.

28 TAC Section 102.4 (h) states in pertinent part, 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;

Review of the submitted electronically transmitted documents did not support the DWC066 with a date of billing of June 25, 2025 was submitted to the correct insurance carrier within 95 days of the date of service June 25, 2025.

Additionally, the submitted documents did not support the required elements of a reconsideration were submitted to the correct insurance carrier at any time.

DWC concludes the screen shots submitted with this dispute request does not support the timely submission and/or request for reconsideration meet the guidelines detailed in the rules shown above. No payment is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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	June 24, 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 electronico CompConnection@tdi.texas.gov.