



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRx

Respondent Name

Great American Alliance Insurance Co

MFDR Tracking Number

M4-24-2880-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 23, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 1, 2023	NDC # 00406-0484-01	\$143.10	\$0.00
December 1, 2023	NDC # 29300-0415-10	\$122.99	\$0.00
Total		\$266.09	\$0.00

Requestor's Position

"ProximaRX has received several denials for the bill with date of service 12/01/2023. The carrier denied the original bill based on (WORKERS' COMPENSATION CLAIM DENIED) and did not provide a response for the reconsideration. ProximaRX did not receive any additional denial codes for the rejection of this bill from the carrier."

Amount in Dispute: \$266.09

Respondent's Position

"Carrier received the initial bill on December 19, 2023. The bill was timely reviewed by Carrier's bill review company, Mitchell, and an explanation of benefits was sent to the provider on January 11, 2024. The bill was denied as the claim had been completely denied by the carrier. The EOB referenced Code D58, 'CLAIM STATUS IS DENIED; THEREFORE, LINE IS DENIED IN FULL.'"

Response Submitted by: The Silvera Firm

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 [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission billing error(s).
- 270 – No allowance has been recommended for this procedure/service/supply. Please see special note below.
- 270 – Denied, compensability of claim denied on PLN-1.
- 279 – Procedure does not appear related to the injury and/or diagnosis. We will re-evaluate this charge upon receipt of clarifying information.
- P2 – Not a work-related injury/illness and thus not the liability of the workers compensation carrier.
- D58 – Claim status is denied; therefore, line is denied in full.

Issues

1. Has the relevant compensability issue been resolved?

Findings

1. The workers' compensation carrier denied the disputed service due to a compensability issue.

28 Texas Administrative Code (TAC) §133.305(a)(4) defines a medical fee dispute as a dispute that involves an amount of payment for non-network health care rendered to an injured employee (employee) that has been determined to be medically necessary and appropriate for treatment of that employee's compensable injury.

28 TAC §133.305(b) requires that "If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021."

The insurance carrier states in relevant part, "The bill was denied as the claim had been completely denied by the carrier." The issues raised pertain to whether the injured employee sustained a compensable injury. A contested case hearing (CCH) was held, and a decision was signed on April 8, 2024. The appeals panel affirmed the CCH decision on April 26, 2024. The division concluded the following "The claimant did not sustain damage or harm to the physical structure of his body in the course and scope of his employment on [date of injury]."

A review of the submitted documentation finds that the requestor provided services to the injured employee for a date of injury that was found non-compensable according to the CCH and Appeals Panel decisions. Because the claimant did not sustain a compensable injury, the carrier is not liable for benefits. For that reason, no reimbursement can be recommended.

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.

The DWC finds that the requestor is not entitled to reimbursement.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the services in dispute.

Authorized Signature

_____	_____	September 26, 2024
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.