



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRX

Respondent Name

Granite State Insurance Co

MFDR Tracking Number

M4-25-0012-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 4, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 13, 2024	65162-0918-38	\$357.50	\$0.00
		\$357.50	\$0.00

Requestor's Position

"ProximaRX has received several denials for the bill with date of service **03/13/2024**. The carrier denied the original bill as well as the reconsideration based on **(LACK OF PREAUTHORIZATION)**. ProximaRX did not receive any additional denial codes for the rejection of this bill from the carrier."

Amount in Dispute: \$357.50

Respondent's Position

"The provider is seeking payment of that amount. The provider has included in its DWC-60 packet, the carrier's EOBs dated April 27, 2024 and July 13, 2024. The first EOB denied reimbursement. The second one indicated that it was recommending payment of \$357.50. The provider is not entitled to any additional monies."

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 70 – Drug not on formulary
- PP – Paid in Full – No adjustment to charged amount.

Issues

1. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement of the medication (Lidocaine Oin 5%) for date of service March 13, 2024. The insurance carrier denied the claim for lack of prior authorization, drug not on formulary.

Review of the submitted documentation found the carrier made a payment in the amount of \$357.50 via check no. 0199504914 and cleared the bank on July 2, 2024. As the greater weight of evidence supports payment was made in the amount equal to the billed charges, no additional reimbursement is 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.

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

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 3, 2025

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.