



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

ProximaRX

**Respondent Name**

Safety National Casualty Corp

**MFDR Tracking Number**

M4-25-0017-01

**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
December 5, 2023	29300-0415-10	\$90.24	\$0.00
December 5, 2023	49483-0699-01	\$72.18	\$0.00
		\$162.42	\$0.00

### Requestor's Position

"The above claimant received medication, but the carrier has not acknowledged receipt of service. The original bill was submitted to the carrier on **12/08/2023 VIA FAX CONFIRMATION.**"

**Amount in Dispute:** \$162.42

### Respondent's Position

The Austin carrier representative for Safety National Casualty Corp is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 10, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 TAC §133.20](#) sets out requirements of medical bill submission.
2. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
3. [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.

- 60 (B13) – The provider has billed for the exact services on a previous bill.
- XD (P12) – This bill was submitted after the billing timeliness guidelines provided.
- ZR (P12) – The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

### Issues

1. Did the requestor support timely submission of medical claim?

### Findings

1. The requestor is seeking reimbursement oral medication dispensed on December 5, 2023. The insurance carrier denied the medical bill stating the bill was submitted after the billing guidelines.

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 fax confirmation sheet dated December 8, 2023 to the fax number 859-264-4061. Review of the information known to the Division did not find this fax number associated with the workers' compensation carrier responsible for these pharmacy bills. The insurance carrier's denial is supported.

DWC finds there is insufficient information to support an exception described above. No payment 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 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

_____	_____	December 13, 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](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).