



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRX

Respondent Name

AIU Insurance Co.

MFDR Tracking Number

M4-25-0021-01

Carrier's Austin Representative

Rep Box 19

DWC Date Received

September 4, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2024	51660033301	\$68.78	\$11.55
May 21, 2024	71093012005	\$73.40	\$23.88
May 21, 2024	62559084101	\$86.80	\$40.63
May 21, 2024	65162091838	\$357.50	\$357.50
Total		\$586.48	\$433.56

Requestor's Position

"The above claimant received medications, and the carrier has not acknowledged receipt of service. The original bill was submitted to the carrier on 05/31/2024 via FAX CONFIRMATION ... Memorial did not receive any correspondence as per Rule 133.250(a), so we submitted Request for Reconsideration. The reconsideration was submitted and received by the carrier on 08/18/2024 via FAX CONFIRMATION and then denied by the carrier.

"We received an explanation of the benefits but there was no reason for reduction or denial. The explanation of benefits states that 'original payment decision is being maintained.' However, Memorial did not receive any other denial reason."

Amount in Dispute: \$586.48

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive, Odgen & Latson. Flahive, Odgen & Latson was notified of this medical fee dispute on September 10, 2024.

Per 28 Texas Administrative Code §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 §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.

Denial Reasons

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

- HEA1 – Claim/service denied.

Issues

1. Is the insurance carrier's denial reason supported?
2. Is ProximaRX entitled to reimbursement for the drugs in question?

Findings

1. ProximaRX is seeking reimbursement in the amount of \$586.48 for medications dispensed on May 21, 2024. The insurance carrier denied reimbursement stating, "Claim/Service Denied".

28 TAC §133.307(d) states, in relevant part:

(d) Responses. Responses to a request for MFDR must be legible and submitted to the division and to the requestor in the form and manner prescribed by the division ...

(2) Response. On receipt of the request, the respondent must provide any missing information not provided by the requestor and known to the respondent. The respondent must also provide the following information and records: ...

(H) If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title.

No evidence was presented to indicate that the injured employee's claim was denied.

DWC finds that the insurance carrier failed to provide any support for the denial of payment for the service in question.

2. Because the insurance carrier failed to support its denial of payment, DWC finds that ProximaRX is entitled to reimbursement for the drugs in question.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(1)(A), with relevant formula for generic drugs: ((AWP per unit) x (number of units) x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount.

Drug	NDC	Generic(G) / Brand(B)	Price / Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed Amt
Acetaminophen	51660033301	G	0.06710	90	\$11.55	\$68.78	\$11.55
Meclizine HCl	62559084101	G	0.32560	90	\$40.63	\$86.80	\$40.63
Gabapentin	71093012005	G	0.53000	30	\$23.88	\$73.40	\$23.88
Lidocaine Oin 5%	65162091838	G	8.46501	35	\$374.34	\$357.50	\$357.50
TOTAL					\$450.40	\$586.48	\$433.56

The total reimbursement is \$433.56. This amount 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 established that reimbursement of \$433.56 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that AIU Insurance Co. must remit to ProximaRX \$433.56 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 7, 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, 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.