



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

ProximaRX

**Respondent Name**

Old Republic Insurance Co

**MFDR Tracking Number**

M4-25-0042-01

**Carrier's Austin Representative**

Box Number 44

**DWC Date Received**

September 5, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 18, 2024	NDC # 29300-0421-01 Amitriptyline HCl	\$95.60	\$0.00
April 18, 2024	NDC # 55111-0291-98 Sumatriptan Succinate	\$300.97	\$0.00
April 19, 2024	NDC # 27241-0098-10 Duloxetine HCl	\$293.05	\$0.00
April 19, 2024	NDC # 50228-0180-10 Gabapentin	\$97.46	\$0.00
<b>Total</b>		<b>\$787.08</b>	<b>\$0.00</b>

### 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 04/23/2024 VIA FAX CONFIRMATION. The Texas Labor Code Section 408.027(b) requires that the carrier must pay, reduce, deny, or determine to audit the health provider's claim no later than the 45th day after the date of receipt by the carrier. ProximaRX did not receive any correspondence as per Rule 133.250(a) we submitted a Request for Reconsideration. The reconsideration was submitted and received by the carrier on 08/06/2024 VIA FAX CONFIRMATION and then denied by the carrier. I have attached proof of submission for the first correspondence. The carrier denied the reconsideration based on TIMELY FILING."

**Amount in Dispute:** \$787.08

## **Respondents' Position**

The Austin carrier representative for Old Republic Insurance is White Espey PLLC. White Espey PLLC was notified of this medical fee dispute on September 10, 2024. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

## **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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out the medical bill submission procedures for health care providers.
3. [28 TAC §102.4](#) sets out the rules for non-Commission communications.
4. [Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
5. [TLC §408.0272](#) provides for certain exceptions to the untimely submission of a medical bill.

### **Denial Reasons**

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

- TX29 -The time limit for filing has expired.
- 4271, 10257 -Per TX LABOR CODE SEC. 408.027, providers must submit bills to payors within 95 days of the date of service.

### **Issues**

1. What is the timely filing deadline for submission of a medical bill?
2. Is the insurance carrier's denial supported?

### **Findings**

1. The requestor seeks reimbursement in the amount of \$787.08, for prescriptions dispensed on April 18, 2024, and April 19, 2024. The insurance carrier denied the disputed services due to 95-day timely filing issues.

28 TAC §133.20(b) requires that, except as provided in TLC §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support any of the exceptions described in TLC §408.0272 applying to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

TLC §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 TAC §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall 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 via 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 shall be the next previous day which is not a Sunday or legal holiday."

- 2. A review of the submitted documentation finds that the requester faxed documents to carrier on April 23, 2024, and August 6, 2024. The fax confirmations were insufficient to support what documents if any were submitted to the insurance carrier for review. Because the division found insufficient evidence to support that the medical bill was submitted no later than the 95th day after the date the services were provided, the requestor is not entitled to reimbursement pursuant to TLC §408.027(a).

**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 the requestor has established that reimbursement is not 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 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](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, 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 along with a **copy** of the **Medical Fee Dispute 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).