



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Proximarx

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-25-0182-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 6, 2024	00143-9803-05	\$223.47	\$0.00
		\$223.47	\$0.00

Requestor's Position

"The carrier has received the attached bill but has not processed it according to Texas Labor Code 408.027. Rule 133.250 allows provider to request for medical dispute in accordance with Rule 133.305 if dissatisfied with the carrier."

Amount in Dispute: \$223.47

Respondent's Position

"...the claimant must first prevail on compensability before the provider is entitled to medical fee dispute resolution under that alleged date of injury."

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 §134.600](#) sets out the requirements of prior authorization.

Denial Reasons

- HE75 – Prior Authorization required to process this bill.
- TERM – Date of service after coverage expired?

Issues

1. Did the respondent raise a new issue?
2. What rule applies to prior authorization?
3. What is the appeals process for drugs excluded from the closed formulary

Findings

1. The requestor is seeking reimbursement for medication dispensed on March 6, 2024. The insurance carrier states in their position statement, "...the claimant must first prevail on compensability before the provider is entitled to medical fee dispute resolution under the alleged date of injury."

DWC §133.307(d)(2)(F) states in pertinent part, "The responses shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review. If the response includes unresolved issues of compensability, extent of injury, liability, or medical necessity, the request for MFDR will be dismissed in accordance with subsection (f)(3)(B) or (C) of this section."

A review of the submitted EOB does not support the denial based upon compensability. Due to the insufficient documentation, the DWC will proceed with the audit of the disputed charges.

2. Review of the applicable Appendix A for the disputed medication Doxycycline Hyclate for date of service March 6, 2024 found this medication is NOT included the formulary or Appendix A. The applicable DWC rules applicable to medication not included in the formulary or in Appendix A is, DWC Rule 134.600 (p) (11) which states, "non-emergency health care requiring preauthorization includes: drugs not included in the applicable division formulary."
3. DWC Rule 134.530 (e)(1) states in pertinent parts, Appeals process for drugs excluded from the closed formulary. For situations in which the prescribing doctor determines and documents that a drug excluded from the closed formulary is necessary to treat an injured

employee's compensable injury and has prescribed the drug, the prescribing doctor, other requestor, or injured employee must request approval of the drug by requesting preauthorization, including reconsideration, in accordance with §134.600 of this title and applicable provisions of Chapter 19 of this title (relating to Agents' Licensing).

Review of the submitted documentation found insufficient evidence to support the requestor utilized the appeals process shown above to request prior authorization for the excluded medication. The insurance carrier's denial is supported. 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 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

_____	_____	November 7, 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.