



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRX

Respondent Name

Federated Mutual Insurance Co

MFDR Tracking Number

M4-25-0363-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 14, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 22, 2024	00406-0484-01	\$100.30	\$57.50
February 22, 2024	59651-0362-05	\$98.60	\$55.38
		\$198.90	\$112.88

Requestor's Position

"I have attached the EOBs as well as the documentation to prove that ProximaRX has met the requirements to receive reimbursement. Please find the enclosed request for Medical Dispute Resolution."

Amount in Dispute: \$198.90

Respondents' Position

"The carrier's position as stated on the EOBs is that the provider did not timely submit the initial medical bill to the carrier."

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.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communications
4. [28 TAC 133.20](#) sets out the billing requirements of medical bills by health care providers.

Denial Reasons

- 200 – Per 133.20, A medical bill shall not be submitted later than the 1st day of the 11th month (<08/31/05) or 95 days (>09/01/05) after DOS.
- 29 – The time limit for filing has expired.
- Note: ***200 = Untimely filing per statute: Chapter 133, Subchapter 8, SS 133.20 (b) of the Texas Administrative Code requires a provider to submit a complete medical bill with supporting documentation within 95 days of the date of service per JAE C.: Please contact the adjuster with any questions or concerns regarding this matter, 817-685-2362.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule134.804, this bill has been identified as a request for reconsideration or appeal.
- Note: Per adjuster's review of the reconsideration received charges remain denied for untimely filing per statute: Chapter 133, Subchapter B, SS 133.20 (b) of the Texas Administrative Code requires a provider to submit a complete medical bill with supporting documentation within 95 days of the date of service per JAE C.: Please contact the adjuster with any questions or concerns regarding this matter, 817-685-2362.

Issues

1. Is the insurance carrier's denial supported?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for medication dispensed in February of 2024. The insurance carrier denied the claim for not being submitted within 95 days of the date of service. DWC Rule 28 TAC §133.20 (b) states in pertinent part, a health care provider must not submit a medical bill later than the 95th day after the date the services are provided.

DWC Rule 28 TAC 102.4 (h) states, "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.

Review of the information provided by the requestor included a fax transmission sent to the fax number on file for the insurance carrier on May 10, 2024. This date is within 95 days of February 22, 2024, date of service. The insurance carrier's denial is not supported. The disputed services will be reviewed per applicable fee guidelines.

- 2. DWC Rule 28 Texas Administrative Code §134.503 (c)(1)(A)(B) states in pertinent part (c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:

(1) the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed:

(A) Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.09) + \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
Acetaminophen/ COD #3	00406048401	G	1.426	30	\$57.50	\$100.30	\$57.50
Ibuprofen	59651036205	G	0.685	60	\$55.38	\$98.60	\$55.38

The total reimbursement is \$112.88 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 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 Federated Mutual Insurance Co must remit to ProximaRX \$112.88 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

Authorized Signature

_____	_____	November 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. 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.