



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRx

Respondent Name

Chubb National Insurance Co.

MFDR Tracking Number

M4-25-0394-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 29, 2024	71093016305	\$97.40	\$0.00
	59651036205	\$98.60	\$0.00
	69584061250	\$78.18	\$0.00
Total		\$274.18	\$0.00

Requestor's Position

"Proxima|RX is an approved provider and should be reimbursed accordingly. The referral provider 'ROSSEL, ANIBAL' has been treating the patient for the injury sustained at work."

Amount in Dispute: \$274.18

Respondent's Position

"The date of service (DOS) in question, 05/29/2024, was denied for the reason the HCP lists – (CARC 184 – Prescribing HCP not elig to prescribe billed svc). The *Prescribing HCP is ineligible to prescribe as he is treating for services deemed unrelated to the compensable injury ...* The treating/prescribing physician group's services are being denied as per the PLN11. The EORs for Proxima included the following statement: Prescribing Provider is treating for conditions unrelated to the compensable injury."

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §134.502](#) sets out the guidelines for pharmaceutical services.

Denial Reasons

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

- 184 – Prescribing HCP not elig to prescribe billed svc
- Notes: "Prescribing physician's services denied as unrelated."

Issues

1. Is ProximaRx entitled to reimbursement for the drugs in question?

Findings

1. Proxima RX is seeking reimbursement for drugs dispensed on May 29, 2024. The insurance carrier denied payment based, in part, stating, "Prescribing physician's services denied as unrelated." In its position statement, CorVel stated on behalf of the insurance carrier, "The Prescribing HCP is ineligible to prescribe as he is treating for services deemed unrelated to the compensable injury."

28 TAC §134.502(a) states,

- (a) A doctor providing care to an injured employee must prescribe for the employee medically necessary prescription drugs and over-the-counter medication alternatives as clinically appropriate and applicable in accordance with applicable state law and as provided by this section.

- (1) The doctor must indicate on the prescription that the prescription is related to a workers' compensation claim.

No evidence was provided to support that the prescribing doctor indicated that the medications in question were related to the work injury. DWC finds that the insurance carrier's denial of payment is supported. No reimbursement 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 requestor 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

Signature

Medical Fee Dispute Resolution Officer

January 30, 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, please call CompConnection at 1-800-252-7031, option three 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 tres o correo electrónico CompConnection@tdi.texas.gov.