



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProxiMarx

Respondent Name

Technology Insurance Company Inc

MFDR Tracking Number

M4-25-1690-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

March 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 19, 2024	00113-0484-78	\$65.01	\$7.31
June 19, 2024	62559-0841-01	\$86.80	\$40.63
June 19, 2024	29300-0169-10	\$101.46	\$58.95
		\$253.27	\$106.89

Requestor's Position

"The above claimant received medication, but the carrier has not acknowledged receipt of service. Reimbursement should be made to the provider if the claim has been submitted within the 95th day after the date on which the healthcare service was rendered. The original bill was submitted to and received by carrier on **06/28/2024 via FAX CONFIRMATION**. ...The Request for Reconsideration was submitted to and received by the carrier on **09/12/2024 via FAX CONFIRMATION**."

Amount in Dispute: \$253.27

Respondent's Position

The Austin carrier representative for Technology Insurance Company Inc is Downs Stanford PC.

The representative was notified of this medical fee dispute on April 1, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.210](#) sets out requirements for medical bill processing/audit by insurance carrier.
3. [28 TAC §133.200](#) sets out the medical bill processing related to insurance carrier receipt of medical bills.
4. [28 TAC §133.240](#) sets out the deadline for insurance carriers to take final action on medical bills.
5. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- Neither party submitted explanation of benefits to support adjudication of the disputed charges.

Issues

1. Did the requestor support timely submission of the medical bill in dispute?
2. Did the respondent support adjudication of the claim?
3. What rule is applicable to reimbursement?
4. Is the requestor entitled to reimbursement?

Findings

1. The requestor submitted a document titled "Fax Transmission" to 1-678-258-8395 on June 28, 2024. This number is on file with DWC as the fax number for Technology Insurance Company Inc. The fax contained three pages and was successful. The requestor also supports a fax transmission to the same number on September 12, 2024 of five pages that was successful. DWC finds the requestor supports the original medical bill submission and reconsideration via fax.
2. The respondent Technology Insurance Company did not submit documentation to support the claim was evaluated, returned as incomplete or denied. DWC Rule §133.200 (a)(2)(B)(b) states in pertinent

parts, "On receipt of medical bills... an insurance carrier must evaluate each medical bill for completeness... Within 30 days it received a medical bill that is not complete the insurance carrier must return the bill to the sender. When returning a medical bill, the insurance carrier must include a document identifying the reasons for returning the bill."

Review of the submitted information did not include a notification from the respondent to the requestor of the claim being incomplete or returned.

Additionally, DWC Rule §133.240 (a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation."

The submitted documentation did not support that the respondent either paid or denied the disputed service. Therefore, based on the information available to the Division, the disputed service will be reviewed per applicable DWC rules and fee guidelines.

3. 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
Pain Relief	00113048478	G	0.0299	90	\$7.31	\$65.01	\$7.31
Meclizine	62559084101	G	0.325	90	\$40.63	\$86.80	\$40.63
Tizanidine	29300016910	G	1.465	30	\$58.95	\$101.46	\$58.95

4. The total reimbursement is \$106.89, 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 additional 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 Technology Insurance Company Inc must remit to Proximarx \$106.89 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 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 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 electronico CompConnection@tdi.texas.gov.