



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ProximaRx

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-25-1720-01

Carrier's Austin Representative

Rep Box 44

DWC Date Received

March 31, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 9, 2024	NDC # 65862-0146-36 Sumatriptan Succinate	\$273.92	\$0.00
October 9, 2024	NDC # 50228-0180-10 Gabapentin	\$97.46	\$0.00
October 9, 2024	NDC # 27241-0097-06 Duloxetine HCl	\$477.40	\$0.00
Total		\$848.78	\$0.00

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 10/28/2024 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 02/20/2025 VIA CERTIFIED MAIL and then denied by the carrier."

Amount in Dispute: \$848.78

Respondents' Position

The Austin carrier representative for Old Republic Insurance Company is White Espey Plc was notified of this medical fee dispute on April 9, 2025. 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 \(TAC\) §133.305](#) sets out the general procedures for medical dispute resolution.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §133.20](#) sets out the procedures for submission of a medical bill.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.
5. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy.

Denial Reasons

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

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

Issues

1. Is the requestor entitled to reimbursement for the service in dispute?

Findings

1. The requestor is seeking reimbursement in the amount of \$848.78 for medication(s) dispensed on October 9, 2024. The insurance carrier is denying reimbursement due to the denial reasons indicated above.

With a few exceptions, 28 TAC §133.20 (b) and Texas Labor Code (TLC) Sec. §408.027(a) requires the submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

The DWC finds there was insufficient evidence that the requestor submitted the medical bill to the insurance carrier within 95 days after the date the services were provided. There was insufficient evidence that the bill(s) in question qualified for any of the allowed exceptions, nor was there any evidence that an agreement had been reached with the insurance carrier to extend the time limit for filing the medical bills.

The findings established that the requestor did not submit sufficient evidence to support that the medical bills were submitted within 95 days after the dates of service. Therefore, the DWC concludes that the requestor is not entitled to reimbursement for the services in question.

Conclusion

The outcome of this medical fee dispute is determined by the evidence presented by both the requestor and the respondent during the adjudication process. While it is acknowledged that not all evidence may have been discussed in detail, all information submitted was duly considered in reaching a resolution.

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

_____	_____	June 20, 2025
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has the right to seek review of this decision under 28 TAC §133.307, which pertains to disputes filed on or after June 1, 2012.

A party wishing to seek 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 adhere to the instructions provided on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. You must submit your request to DWC within 20 days from the date you receive this decision. You can send your request via fax, mail, or by delivering it in person to DWC, using the contact details provided on the form or those of the field office managing your claim. It is imperative that your request is made within the specified timeframe to ensure proper handling of your case. Should you have any questions regarding DWC Form-045M, please contact CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

When seeking a review of the Medical Fee Dispute Resolution (MFDR) decision, the party initiating the review shall deliver a copy of the request to all other parties involved in the dispute simultaneously with the filing of the request with the Department of Workers' Compensation (DWC). Additionally, it is essential to include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required information as specified 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.