



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, LLC

Respondent Name

Hartford Underwriters Insurance Company

MFDR Tracking Number

M4-16-3639-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 9, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... the claim was submitted on 5/10/16 and it was received by the provider on 5/16/16 ... and no action was taken on the claim. Sentrix made a good faith effort to notify the carrier of their failure to respond to the bill on 6/30/16 and it was received by the provider on 7/5/16 ... Again, no action was taken on the claim."

Amount in Dispute: \$2,289.71

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Hartford requested information on two separate occasions per Texas Guidelines. No response was received from the prescribing doctor, Mark Garza MD after 48 hours for each attempt (total of four days). The Hartford closed the request for lack of information: therefore, non-certified ... EOB issued to Sentrix Pharmacy denying date of service in dispute."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 9, 2016	Pharmaceutical Compound	\$2,289.71	\$2,289.71

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.502 sets out the procedures for pharmaceutical benefits.
3. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 85 – Claim not processed

Issues

1. Did Hartford Underwriters Insurance Company (Hartford) raise a new defense in its position statement?
2. Is Sentrix Pharmacy and Discount, LLC (Sentrix) entitled to reimbursement for the compound in question?

Findings

1. Sentrix is seeking reimbursement for a compound dispensed on May 9, 2016. In its position statement, Hartford argued that the compound in dispute required additional information.

The insurance carrier may only address denial reasons raised before the request for medical fee dispute resolution (MFDR) was requested. Any other issues raised in the response will not be considered.¹

The documents submitted to the Texas Department of Insurance, Division of Workers’ Compensation (DWC) do not show that Hartford gave denial reasons related to lack of information to Sentrix before the date the request for MFDR was filed.² The DWC concludes that these arguments in Hartford’s position statement will not be considered for review because they are new defenses.

2. Because Hartford failed to raise any defense on the submitted explanation of benefits processed by its agent, Express Scripts, in support of its denial of reimbursement, Sentrix is entitled to reimbursement based on applicable rules and laws.

The compound in dispute was billed by listing each drug included in the compound and calculating the charge for each drug separately.³ Each ingredient is listed below with its reimbursement amount.⁴ The calculation of the total allowable amount is as follows:

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Amantadine	38779041109	G	\$24.23	19.2	\$581.40	\$465.12	\$465.12
Amitriptyline	38779018908	G	\$18.24	4.8	\$109.44	\$87.55	\$87.55
Baclofen	38779038808	G	\$35.63	9.6	\$427.56	\$342.04	\$342.04
Gabapentin	38779246108	G	\$59.85	12	\$897.75	\$718.20	\$718.20
Ketoprofen	38779007805	G	\$10.45	24	\$313.50	\$250.80	\$250.80
Versapro Cream	51552134308	G	\$2.50	170.4	\$532.50	\$426.00	\$426.00
						Total	\$2,289.71

The total allowable reimbursement for the compound in dispute is \$2,289.71. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$2,289.71.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$2,289.71, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

¹ 28 Texas Administrative Code §133.307(d)(2)(F)

² 28 Texas Administrative Code §133.240 explains how the insurance carrier is required to introduce denials and payment reductions to the requestor.

³ 28 Texas Administrative Code §134.502(d)(2)

⁴ 28 Texas Administrative Code §134.503(c)

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

September 28, 2018
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.