



# 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**

MEMORIAL COMPOUNDING RX

**Respondent Name**

XL Insurance America, Inc.

**MFDR Tracking Number**

M4-18-4394-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

July 23, 2018

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "These medications do not require preauthorization therefore do not need a retrospective review."

**Amount in Dispute:** \$566.53

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "This prescription was purportedly written by a Dr. Parameswaran, out-of-network and without a referral or authorization from Dr. Novosad. The Requestor is not entitled to out-of-network reimbursement in the absence of that authorization ... The Requestor did not request and receive preauthorization for this investigational or experimental compound formulation."

**Response Submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 15, 2017	Compound Medication	\$566.53	\$566.53

### 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 (DWC).

#### **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. 28 Texas Administrative Code §134.540 sets out the closed formulary requirements for claims subject to certified networks, effective January 17, 2011, 35 TexReg 11344.
5. Texas Labor Code 1305.101 sets out the exceptions to network jurisdiction.

6. The insurance carrier denied payment for the disputed services with the following claim adjustment codes:
  - P13 – Payment reduced or denied based on workers’ compensation jurisdictional regulations or payment policies. Us only if no other code is applicable.
  - HE75 – Prior authorization required
  - P12 – Workers’ compensation jurisdictional fee schedule adjustment.
  - 5085 – Payment is denied as the billed diagnosis is not allowed in this claim.

### Issues

1. Is this dispute subject to dismissal based on extent of injury?
2. Is the insurance carrier’s reason for denial of payment based on authorization supported?
3. Is Memorial Compounding Pharmacy (Memorial) entitled to reimbursement for the compound in question?

### Findings

1. Memorial is seeking reimbursement for a compound dispensed on November 15, 2017. XL Insurance America, Inc. denied the compound, in part, based on extent of the compensable injury. A dispute regarding extent of injury must be resolved prior to a request for medical fee dispute.<sup>1</sup>

The respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability. Review of the submitted documentation finds that Flahive, Ogden & Latson failed to attach a copy of a related PLN on behalf of XL Insurance America, Inc. to support a denial based on extent of the compensable injury.

The DWC finds that this dispute is not subject to dismissal for this reason.

2. The insurance carrier also denied the disputed compound based on preauthorization. The requestor – in this case, Memorial Compounding Rx – does not require network authorization,<sup>2</sup> as argued by Flahive, Ogden & Latson in its position statement.

Preauthorization is only required for:

- drugs identified with a status of “N” in the current edition of the ODG Appendix A<sup>3</sup>;
- any compound that contains a drug identified with a status of “N” in the current edition of the ODG Appendix A; and
- any investigational or experimental drug.<sup>4</sup>

The compound in question does not contain an ingredient identified with a status of “N” in the current edition of the ODG, Appendix A.

The determination of a service’s investigational or experimental nature is determined on a case by case basis through utilization review.<sup>5</sup> Utilization review, includes a prospective, concurrent, or **retrospective review to determine the experimental or investigational nature** of health care services.<sup>6</sup>

Flahive, Ogden & Latson provided **no evidence** that the insurance carrier engaged in a prospective or retrospective utilization review to establish that the specific compound considered in this review is investigational or experimental.

Because the insurance carrier failed to perform utilization review on the disputed compound, the requirement for preauthorization based on a premise that the compound is investigational or experimental **is not triggered** in this case. The insurance carrier’s preauthorization denial is therefore not supported.

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<sup>1</sup> 28 Texas Administrative Codes §§133.305 (b) and 133.307 (c) (1) (B) (i)

<sup>2</sup> Texas Labor Code 1305.101 (c)

<sup>3</sup> *ODG Treatment in Workers’ Comp* (ODG) / Appendix A, *ODG Workers’ Compensation Drug Formulary*

<sup>4</sup> 28 Texas Administrative Code §134.530 (b) (1)

<sup>5</sup> Texas Insurance Code §19.2005 (b)

<sup>6</sup> Texas Insurance Code §4201.002 (13)

3. Because the insurance carrier failed to sufficiently support its denial of reimbursement, Memorial is entitled to reimbursement.

The compound in dispute was billed by listing each **drug** included in the compound and calculating the charge for each drug separately.<sup>7</sup> Each ingredient is listed below with its reimbursement amount.<sup>8</sup> 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
Meloxicam	38779274601	G	\$194.67	0.18	\$43.80	\$35.04	\$35.04
Flurbiprofen	38779036209	G	\$36.58	4.8	\$219.48	\$175.58	\$175.58
Tramadol	38779237409	G	\$36.30	6	\$272.25	\$217.80	\$217.80
Cyclobenzaprine	38779039509	G	\$46.33	1.8	\$104.25	\$83.39	\$83.39
Bupivacaine	38779052405	G	\$45.60	1.2	\$68.40	\$54.72	\$54.72
						Total	\$566.53

The total reimbursement is therefore \$566.53. This amount is recommended.

**Conclusion**

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$566.53.

***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$566.53, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Laurie Garnes  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
December 19, 2019  
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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.**

<sup>7</sup> 28 Texas Administrative Code §134.502(d)(2)

<sup>8</sup> 28 Texas Administrative Code §134.503(c)