



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

Safety National Casualty Corporation

MFDR Tracking Number

M4-20-1335-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 28, 2020

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The original claim was denied on 11/08/2019 based on **PARTIAL PAYMENT**. An **appeal** was submitted on 12/23/2019."

Amount in Dispute: \$100.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Preauthorization is required for drugs identified with a status of 'N' in the current edition of the ODG."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 18, 2019	Sertraline HCl 100 mg Tablets	\$100.27	\$0.00

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

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Codes §§134.530 and 134.540 sets out the preauthorization requirements for pharmaceutical services, effective April 22, 2018, 43 TexReg 2275.
- The insurance carrier denied the disputed drug based on lack of preauthorization.

Issues

Is Memorial Compounding Pharmacy Rx (Memorial) entitled to additional reimbursement?

Findings

Memorial is seeking reimbursement for Sertraline HCl 100 mg tablets dispensed on October 18, 2019. Safety National Casualty Corporation denied payment for this drug based on lack of preauthorization. Preauthorization is only required for:

- drugs identified with a status of “N” in the current edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, *ODG Workers' Compensation Drug Formulary*, and any updates;
- any prescription drug created through compounding prescribed before July 1, 2018 that contains a drug identified with a status of “N” in the current edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, *ODG Workers' Compensation Drug Formulary*, and any updates;
- any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
- any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but which is not yet broadly accepted as the prevailing standard of care as defined in Labor Code §413.014(a).¹

The DWC finds that the drug in question has a status of “N” in the relevant edition of the *ODG Treatment in Workers' Comp* (ODG) / Appendix A, *ODG Workers' Compensation Drug Formulary*. No evidence of receipt of preauthorization for this drug was submitted to the DWC. No reimbursement can be recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Laurie Garnes	February 21, 2020
Signature	Medical Fee Dispute Resolution Officer	Date

¹ 28 TAC §§134.530 (b)(1) and 134.540 (b)

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.