



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

MEMORIAL COMPOUNDING RX

Respondent Name

XL INSURANCE AMERICA INC.

MFDR Tracking Number

M4-21-2305-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 6, 2021 and May 7, 2021	Prescribed Medications	\$412.60	\$225.30
Total		\$412.60	\$225.30

Requestor's Position

"Memorial Compounding Pharmacy has received several denials for bill with date of service 05/07/2021. The carrier denied the original bill as well, and the reconsideration based on PRE-AUTHORIZATION. I have attached the EOB's as well as the documentation to prove that Memorial Compounding Pharmacy has met the requirements to receive reimbursement. Please find the enclosed request for Medical Dispute."

Amount in Dispute: \$412.60

Respondent's Position

"The Austin carrier representative for XL Insurance America Inc., is Flahive Ogden & Latson. Flahive Ogden & Latson was notified of this medical fee dispute on August 17, 2021. 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).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.
3. 28 TAC §§134.530 and 134.540 set out the requirements for preauthorization of pharmaceutical services.

Denial Reasons

The insurance carrier reduced or denied the services in dispute with reduction code(s):

- The requestor included EOBs with the DWC060 request, however, the EOBs did not contain the denial/reduction reasons. The services in dispute are therefore reviewed based on the information provided in the dispute.

Issues

1. Did the requestor submit medical bills to support the billing of NDC #69097-0813-07 rendered on May 7, 2021?
2. Did the requestor bill the correct NDC# for medication Pharbeto 500 mg rendered on May 7, 2021?
3. Is the insurance carrier's denial of preauthorization supported Duloxetine HCL DR 30 mg rendered on May 7, 2021 and Cyclobenzaprine 5 mg rendered on May 6, 2021?
4. Is the requestor entitled to reimbursement for the services in dispute?

Findings

1. The requestor seeks reimbursement for Gabapentin rendered on May 7, 2021, identified as NDC #69097-0813-07 on the table of disputed services.

Per 28 TAC §133.307 (c)(2)(J), "(c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division... (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include... (J) a copy of all medical bills related to the dispute, as described in §133.10 of this chapter (concerning Required Billing Forms/Formats) or §133.500 (concerning Electronic Formats for Electronic Medical Bill Processing) as originally submitted to the insurance carrier in accordance with this chapter, and a copy of all medical bills submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (concerning Reconsideration for Payment of Medical Bills)."

The requestor is required to submit medical bills to support the billing of the medication in dispute. Review of the submitted documentation does not support that the requestor billed the insurance carrier for this medication, as no copies of medical bills and/or EOBs were submitted with the DWC060 request. As a result, this charge is not eligible for review.

2. The requestor seeks reimbursement in the amount of \$58.27 for PharbetoI 500 mg rendered on May 7, 2021, billed under NDC# #16103-0350-08 and identified on the DWC060 as NDC # 1103-0350-08.

Per 28 TAC §133.20 (c), "(c) A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitting medical bills."

Review of the medical bill indicates the requestor billed for NDC #16103-0350-08, however seeks reimbursement for NDC#1103-0350-08, as identified on the DWC060. The DWC finds that the requestor did not submit a medical bill in accordance with §133.210 (f)(3). As a result, reimbursement cannot be recommended for this charge.

3. Memorial asserts that preauthorization was not required for the medications in dispute. The medications were dispensed on May 6, 2021 and May 7, 2021. The insurance company denied payment based, in part on lack of preauthorization. Drugs that have a status of "N" in the current edition of the ODG Appendix A require preauthorization. Drugs that have a status of "Y" in the current edition of the ODG Appendix A do not require preauthorization.

- The DWC finds that Duloxetine HCL DR 30 MG includes a status of "Y" in the relevant edition of the ODG Appendix A.
- The DWC finds that Cyclobenzaprine 5 mg includes a status of "Y" in the relevant edition of the ODG Appendix A.

The DWC therefore finds, that preauthorization is not required for the medication in dispute. As a result, the requestor is entitled to reimbursement for the medication in dispute.

4. Because the insurance carrier's denial of preauthorization is not supported the requestor is entitled to reimbursement for the medication identified below. The reimbursement considered in this dispute is calculated as follows:

- Date of service: May 7, 2021
Medication: Duloxetine HCL DR 30 mg
NDC #: 51991-0747-10
MAR: \$98.26
- Date of service: May 6, 2021
Medication: Cyclobenzaprine 5 mg
NDC #: 52817-0330-50
MAR: \$127.04

The total allowable reimbursement is \$225.30. This amount is recommended.

Conclusion

The outcome of each independent medical fee dispute relies on the relevant evidence the requester and respondent present at the time of adjudication. Although all the evidence in this dispute may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement is due. As a result, the amount ordered is \$225.30.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requester \$225.30 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	October 14, 2021
Signature	Medical Fee Dispute Resolution Officer	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 512-804-4812.