

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Injured Workers Pharmacy

**Respondent Name**

Hartford Casualty Insurance Company

**MFDR Tracking Number**

M4-22-1001-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

January 26, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 19, 2021	Cyclobenzaprine 10 mg Tablets NDC 52817033200	\$249.59	\$249.59
November 24, 2021	Meloxicam 15 mg Tablets NDC 29300012510	\$549.06	\$549.06
	Total	\$798.65	\$798.65

### Requestor's Position

Initial Position Statement: The Hartford maintains the claimant cannot fill medications as a 90-day supply unless it is dispensed by Express Scripts home delivery pharmacy directly. We see a decision issued for the carrier to pay the balance on these invoices as there is no statute in the state of Texas that allows the Workers' Compensation insurer to direct the day supply a claimant is allowed to received or what pharmacy they chose to obtain their medications from.

Invoices have been priced at Texas Fee Schedule, utilizing AWP's derived from Medispan, a nationally recognized pharmaceutical price guide.

Supplemental Position Statement: Their position is that Christopher Hayes is not an authorized doctor on the file and 90-day fills are not allowed ... Christopher Hayes is a PA-C for Dr. Mayur Kanjia. IWP filled 30 day-supplies from Mr. Hayes from August through October 2021, and they were all processed and paid.

**Amount in Dispute:** \$798.65

## **Respondent's Position**

These prescriptions were both denied as not authorized per Express Scripts and the adjuster's instructions. Christopher Hayes is not an authorized doctor on the file. They're also for a 90-day fill which is not allowed.

**Response Submitted by:** The Hartford

## **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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.502 sets out the guidelines for pharmaceutical services.
3. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.
4. 28 TAC §§134.530 and 134.540 set out the preauthorization requirements for pharmaceutical services.

### Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.

### Issues

1. Did the insurance carrier raise a new defense in its response?
2. Is Hartford Casualty Insurance Company's denial based on fill amount supported?
3. Is Hartford Casualty Insurance Company's denial based on preauthorization supported?
4. Is Injured Workers Pharmacy entitled to reimbursement for the drugs in question?

### Findings

1. Injured Workers Pharmacy is seeking reimbursement for Cyclobenzaprine dispensed on November 19, 2021 and Meloxicam dispensed on November 24, 2021. In its position statement, The Hartford argued that "Christopher Hayes is not an authorized doctor on the file."

The response from the insurance carrier is required by 28 TAC §133.307 (d)(2)(F) to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with DWC. Any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on the prescribing health care provider was provided to Memorial before this request for MFDR was filed. Therefore, DWC will not consider this argument in the current dispute review.

2. The insurance carrier also argued that the prescriptions were "for a 90-day fill which is not allowed." 28 TAC §134.502(c) states that the pharmacy may not fill more than a 90-day supply. The insurance carrier provided no evidence to support that filling a 90-day supply in this case is prohibited.
3. Submitted documentation indicates that the insurance carrier denied the disputed drugs based on preauthorization. Per 28 TAC §134.530(b)(1) and §134.540(b), preauthorization is only required for:
  - drugs identified with a status of "N" in the current edition of the ODG Appendix A;
  - any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;
  - any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
  - any investigational or experimental drug.

The DWC finds that cyclobenzaprine and meloxicam are not identified with a status of "N" in the applicable edition of the ODG, Appendix A. Therefore, these drugs do not require preauthorization for this reason.

The submitted documentation does not support that the disputed drugs are a compound. Therefore, these drugs do not require preauthorization for this reason.

The submitted documentation does not support that the disputed drugs are experimental or investigational. Therefore, these drugs do not require preauthorization for this reason.

DWC concludes that the insurance carrier's denial of payment of the disputed drug based on preauthorization is not supported.

4. Because Hartford Casualty Insurance Company failed to support its denial reason for the service in this dispute, DWC finds that Injured Workers Pharmacy is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c).

- Cyclobenzaprine 10 mg tablets:  $(1.0915 \times 180 \times 1.25) + \$4.00 = \$249.59$

- Meloxicam 15 mg tablets: (4.845 x 90 x 1.25) + \$4.00 = \$549.06

The total allowable reimbursement is \$798.65. This amount is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of \$798.65 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Hartford Casualty Insurance Company must remit to Injured Workers Pharmacy \$798.65 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

_____	_____	February 18, 2022
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](http://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](mailto: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 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).