

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Injured Workers Pharmacy

**Respondent Name**

Safety National Casualty Corp.

**MFDR Tracking Number**

M4-22-2431-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

July 18, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 8, 2021	Ubrelvy NDC 00023650110	\$2,338.78	\$0.00
June 30, 2021	Trazadone NDC 68382080510	\$180.92	\$0.00
July 2, 2021	Ubrelvy NDC 00023650110	\$2,338.78	\$0.00
August 2, 2021	Ubrelvy NDC 00023650110	\$2,338.78	\$2,338.78
<b>Total</b>		<b>\$7,197.26</b>	<b>\$2,338.78</b>

### Requestor's Position

... the medication UBRELVY 100 MG TABLET did not require Pre-Certification until December 2021 per the Texas Formulary. Regarding the Trazadone, our pharmacy did request pre-certification which was approved under certification # 4785011 from 6/30/21 thru 9/30/21.

**Amount in Dispute:** \$7,197.26

### Respondent's Position

Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed.

**Response Submitted by:** Gallagher Bassett Services, Inc.

### 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 §134.503 sets out the fee guidelines for pharmaceutical services.
3. 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 – Payment denied/reduced for absence of precertification/authorization.
- Notes: "Preauthorization is required for drugs identified with a status of 'N' in the current edition of the 'Official Disability Guidelines Treatment in Workers' Comp' (ODG) / Appendix A, 'ODG Workers' Compensation Drug Formulary' and any updates."
- Notes: "First Script has denied the line for Utilization."
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- Notes: "A payment or denial has already been recommended for this service."
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- Notes: "Additional allowance is not recommended as this bill was reviewed in accordance with state guidelines, usual and customary policies, provider's contract, or carrier decision."

## Issues

1. Did Injured Workers Pharmacy forfeit the right to medical fee dispute resolution for the date of service in question?
2. Is Safety National Casualty Corp.'s denial of payment based on preauthorization supported?
3. Is Injured Workers Pharmacy entitled to additional reimbursement?

## Findings

1. Injured Workers Pharmacy is seeking reimbursement for Ubrelvy and Trazadone dispensed on June 8, 2021, through August 2, 2021.

Per 28 TAC §133.307 (c)(1), the health care provider must request medical fee dispute resolution within one year from the date of service, except if a related compensability, extent of injury, or liability dispute exists; or a dispute regarding medical necessity has been filed. If these exceptions apply, a request for medical fee dispute resolution must be filed within 60 days after the date the requestor receives the final decision.

DWC received the medical fee dispute resolution request on July 18, 2022. This is more than one year after dates of service June 8, 2021; June 30, 2021; and July 2, 2021. DWC found no evidence to support that final adjudication of an exception applied to this date of service.

DWC finds that Injured Workers Pharmacy has waived the right to medical fee dispute resolution for these dates of service. DWC will only consider date of service August 2, 2021, in this dispute.

2. Submitted documentation indicates that the insurance carrier denied Ubrelvy 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.

DWC finds that the drug in question was not identified with a status of "N" in the applicable edition of the ODG, *Appendix A* for the date of service reviewed in this dispute. Therefore, this drug did not require preauthorization for this reason.

The submitted documentation does not support that the disputed drug was a compound. Therefore, this drug did not require preauthorization for this reason.

The submitted documentation does not support that the disputed drug was experimental or investigational. Therefore, this drug did 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 for the date of service in question.

3. Because Safety National Casualty Corp. 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).

- Ubrelvy 100 mg tablets:  $(107.1 \times 20 \times 1.09) + \$4.00 = \$2,338.78$

The total allowable reimbursement is \$2,338.78. 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 \$2,338.78 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 Safety National Casualty Corp. must remit to Injured Workers Pharmacy \$2,338.78 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## **Authorized Signature**

_____	_____	October 26, 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).