TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Injured Workers Pharmacy

Respondent Name
Texas Mutual Insurance Company

MFDR Tracking Number
M4-22-2615-01

Carrier's Austin Representative
Box Number 54

DWC Date Received
August 12, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 28, 2022	Euflexxa 20 mg/2 ml Syringe	$688.94	$0.00

Requestor's Position

The carrier advised preauthorization was given for 3 injections only. IWP is a pharmacy that bills the amount of medication that is dispensed. Each syringe contains 2mL of medication, therefore, the quantity of medication dispensed was 6mL for the 3 syringes/injections requested.

Amount in Dispute: $688.94

Respondent's Position

Injured Worker's Pharmacy billed for 6 units of Euflexxa 20 MG/2 ML syringe. The preauthorization given was for 3 injections, therefore, Texas Mutual processed the bill to pay 3 units…

Response Submitted by: Texas Mutual Insurance Company

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.

Denial Reasons

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

- A11 – N drug denial. Preauthorization required for "N" drugs in ODG Appendix A per rule 134.503 & 134.504.
- CAC-197 – Precertification/authorization/notification absent.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration

Issues

1. Is Injured Workers Pharmacy entitled to additional reimbursement?

Findings

1. Injured Workers Pharmacy is seeking additional reimbursement for injections dispensed on January 28, 2022. The pharmacy argued that "each syringe contains 2mL of medication, therefore, the quantity of medication dispensed was 6mL for the 3 syringes/injections requested." Based on the NDC number and drug name on the submitted pharmacy bill, the pharmacy billed for six units of "Euflexxa 20 mg/2 ml Syringe."

   The insurance carrier argued that "the preauthorization given was for 3 injections, therefore, Texas Mutual processed the bill to pay 3 units." While no evidence of preauthorization was provided, review of the documentation submitted to DWC, both parties agree that the preauthorization was for three injections. Per explanation of benefits dated April 22, 2022, the insurance carrier paid for three units of the billed NDC number.

   Based on the documentation provided, DWC finds that IC reimbursed the correct number of units for the injections dispensed. Injured Workers Pharmacy did not dispute that the amount paid by Texas Mutual Insurance Company was correct for three units of the injections in question. Therefore, no additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

		September 30, 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. 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 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.