

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Hartford Casualty Insurance Co.

MFDR Tracking Number

M4-23-0573-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

November 3, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 22, 2022	Pregabalin NDC 50228035290	\$563.15	\$0.00

Requestor's Position

The original claim was denied on 10/17/22 based on **(CLAIM NOT PROCESSED)**. (benefits was not accompanied with a PLN11 of the denial and date filled. There is no PLN11 attached that was processed prior to services being rendered). **An appeal** was submitted on 10/20/2022. See attached, the explanation of benefits states **(EXTENT OF INJURY)**, is the new denial reason.

Amount in Dispute: \$563.15

Respondent's Position

Some versions of this drug are non-formulary and require prior authorization (the green Y's are the formulary drugs and don't require auth, the red N's are off formulary and DO require auth). This is one of those off formulary drugs. NDC 050228035290 is what was billed on 9/22/22 and requires authorization as opposed to NDC 072205001390 that did not require auth.

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 §§134.530 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:

- 75 – Prior authorization required.
- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier.

Issues

1. Is this dispute subject to dismissal due to compensability?
2. Is Hartford Casualty Insurance Co.'s denial based on prior authorization supported?

Findings

1. Memorial Compounding Rx (Memorial) is seeking reimbursement for Pregabalin billed with NDC 50228035290. The insurance carrier denied payment, in part, based on compensability of the injury. 28 TAC §§133.305 (b) and 133.307 (c)(1)(B)(i) state that a dispute regarding compensability must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307 (d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves compensability or liability.

Review of the submitted documentation finds that Hartford Casualty Insurance Co. failed to attach a copy of a related PLN to support a denial based on compensability of the injury.

This dispute is not subject to dismissal as the denial reason was not supported.

2. Submitted documentation indicates that the insurance carrier denied payment for the disputed drug based on preauthorization. Per 28 TAC §134.530 (b)(1) and §134.540 (b), preauthorization is required for drugs identified with a status of "N" in the current edition of the ODG Appendix A.

The relevant edition of the ODG Appendix A indicates that Pregabalin (Lyrica IR) carries a "Y" status and PREGABALIN ER (Lyrica CR) carries an "N" status. The copy of the bill submitted with this dispute to DWC describes the drug as "PREGABALIN 75 MG IR CAPSULE." The insurance carrier states "This is one of those off formulary drugs. NDC 050228035290 is what was billed on 9/22/22 and requires authorization."

In a search of the National Drug Code Directory found on the Food and Drug Administration's website, DWC found no records for NDC 50228035290. Because the status of the drug in question could not be verified, DWC finds that reimbursement cannot be 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

Signature

Medical Fee Dispute Resolution Officer

December 20, 2022

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 electrónico CompConnection@tdi.texas.gov.