

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Injured Workers Pharmacy, LLC

**Respondent Name**

Trumbull Insurance Co.

**MFDR Tracking Number**

M4-23-1339-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

February 9, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 17, 2022	Diclofenac Sodium Gel 3% - 100 gm	\$1,478.33	\$1,478.33
November 11, 2022	Diclofenac Sodium Gel 3% - 100 gm	\$1,478.33	\$1,478.33
December 6, 2022	Diclofenac Sodium Gel 3% - 100 gm	\$1,478.33	\$1,478.33
<b>Total</b>		<b>\$4,434.99</b>	<b>\$4,434.99</b>

### Requestor's Position

The insurance carrier's Pharmacy Benefit Manager, Express Scripts, will not process the bills without a Pre-authorization number, because they have the medication listed as an "N" status drug on their end. I explained to the adjuster and the PBM that the medication is in fact "Y" status and would not require a pre-authorization/certification number.

**Amount in Dispute:** \$4,434.99

### Respondent's Position

Per adjuster, Express Scripts states this drug is a N Drug class and IWP disputes that it is under N Class. I did not approve since ES states this is considered a N class drug.

**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 §134.503 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 – Precertification/authorization/notification/pre-treatment absent.

### Issues

1. Is Trumbull Insurance Co.'s denial based on preauthorization supported?
2. Is Injured Workers Pharmacy, LLC entitled to additional reimbursement?

### Findings

1. Injured Workers Pharmacy, LLC is seeking reimbursement for Diclofenac Sodium dispensed on dates of service: October 17, 2022; November 11, 2022; and December 6, 2022.

Submitted documentation indicates that the insurance carrier denied the disputed drug 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 is not identified with a status of "N" in the applicable edition of the ODG, *Appendix A*. Therefore, this drug does not require preauthorization for this reason.

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

The submitted documentation does not support that the disputed drug is experimental or investigational. Therefore, this drug does not require preauthorization for this reason.

The division concludes that the insurance carrier’s denial of payment of the disputed drug based on preauthorization is not supported.

- 2. Because Trumbull Insurance Co. failed to support its denial reason for the service in this dispute, DWC finds that Injured Workers Pharmacy, LLC is entitled to reimbursement.

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

- Diclofenac Sodium Gel, NDC 51672136307:  $(11.7946 \times 100 \times 1.25) + \$4.00 = \$1,478.33$
- Diclofenac Sodium Gel, NDC 00472178310:  $(11.7946 \times 100 \times 1.25) + \$4.00 = \$1,478.33$
- Diclofenac Sodium Gel, NDC 68462035594:  $(11.7946 \times 100 \times 1.25) + \$4.00 = \$1,478.33$

The total allowable reimbursement is \$4,434.99. 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 \$4,434.99 is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Trumbull Insurance Co. must remit to Injured Workers Pharmacy, LLC \$4,434.99 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

March 31, 2023  
\_\_\_\_\_  
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).