

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Injured Workers Pharmacy
LLC

Respondent Name

Liberty Mutual Fire Insurance Co

MFDR Tracking Number

M4-23-2216-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

May 8, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 25, 2023	16714007701	\$2,789.54	\$0.00
Total		\$2,789.54	\$0.00

Requestor's Position

"The insurance carrier, Liberty Mutual, is denying the medication for no pre-authorization/pre-certification. Only medications excluded from the closed formulary would require pre-authorization. This includes any N status drug, investigation or experimental drug, and any drugs created through compounding. Although the status of this medication is "N/A" (Neither "Y" or "N"), it is FDA approved, so pre-authorization is not needed."

Amount in Dispute: \$2,789.54

Respondent's Position

"We have again reviewed services on January 25, 2023, and the denial 8761 stands as Pre-Authorization was not requested for this medication."

Response submitted by: Liberty Mutual

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.530](#) sets out the requirements for prior authorization of pharmacy services.
3. [28 TAC §134.600](#) sets out the requirements for non-emergency services that require prior authorization.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 8761 – Per Tx Rule 134.600 pre-auth is required. If services have been preauthorized resubmit the bill with authorization info for reconsideration.

Issues

1. Is the disputed medication listed on the closed formulary, ODG Treatment in Workers' Comp Appendix A, ODG Workers' compensation Drug Formulary?
2. What rule(s) apply to prior authorization?
3. What are the appeals process for drugs excluded from the closed formulary?

Findings

1. The requestor is seeking reimbursement for oral medication dispensed in January 2023. Review of the applicable Appendix A found the disputed medication, Tadalafil is not listed on this formulary.
2. The applicable DWC rules applicable to medication not included in the formulary or in Appendix A are, DWC Rule 134.600 (p) (11) which states, non-emergency health care requiring preauthorization includes: drugs not included in the applicable division formulary.
3. DWC Rule 134.530 (e)(1) states in pertinent parts, Appeals process for drugs excluded from the closed formulary. For situations in which the prescribing doctor determines and documents that a drug excluded from the closed formulary is necessary to treat an injured employee's compensable injury and has prescribed the drug, the prescribing doctor, other requestor, or injured employee must request approval of the drug by requesting preauthorization, including reconsideration, in accordance with §134.600 of this title and

applicable provisions of Chapter 19 of this title (relating to Agents' Licensing).

Review of the submitted documentation found insufficient evidence to support the requestor utilized the appeals process shown above to request prior authorization for the excluded medication. The insurance carrier's denial is supported. No payment 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

		June 15, 2023
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.