



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Wellness Pharmacy

Respondent Name

United Wisconsin Insurance Company

MFDR Tracking Number

M4-24-0649-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

November 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 27, 2023	Tizanidine HCl 4 mg Tablets	\$101.45	\$58.94

Requestor's Position

"These medications do not require preauthorization therefore do not need a retrospective review."

Amount in Dispute: \$101.45

Respondent's Position

"Our EOB not only lists lack of preauthorization as a denial code, but it also lists other codes, such as exceeds claim treatment plan limits. The ODG guidelines state that muscle relaxers are recommended for short term treatment. As you can see in the attached spreadsheet, the prescribing of Tizanidine has been anything but short term in this case. In addition, the doctor has not provided documentation to support why Tizanidine continues to be prescribed."

Response Submitted by: Next Level Administrators

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.210](#) sets out the procedures for documentation.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.
4. 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:

- 544 – Exceeds claim treatment plan limits
- ANSI198 – Precertification/notification/authorization/pre-treatment exceeded.
- ANSI273 – Coverage/program guidelines were exceeded.
- RARCN435 – Exceeds number/frequency approved/allowed within time period without support documentation.
- ANSI193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CIQ378 – This appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time.
- EOB22 – Upheld, no additional allowance has been recommended.
- RE555 – Previous recommended history on DCN(s): 420850=\$0.00 (544, ANSI198, ANSI273, RARCN435)
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.
- N-1 – Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line :\$0;

Issues

1. Is United Wisconsin Insurance Company's denial based on lack of documentation supported?
2. Is United Wisconsin Insurance Company's denial based on lack of preauthorization supported?

3. Is Memorial Wellness Pharmacy (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Memorial is seeking reimbursement for Tizanidine HCl 4 mg tablets dispensed April 27, 2023. Payment was denied, in part, based on lack of supporting documentation.

Documentation is not required to be submitted with the medical bill for the services in dispute according to 28 TAC §133.210. When an insurance carrier needs more information to process the bill, 28 TAC §133.210(d) requires a request to the health care provider that must:

- (1) be in writing;
- (2) be specific to the bill;
- (3) specifically describe the information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that the health care provider has;
- (6) indicate the specific reason that the insurance carrier needs the information; and
- (7) include a copy of the bill that the insurance carrier is requesting the additional documentation for.

The insurance carrier failed to submit evidence that it made an appropriate request for additional documentation with the required specificity in accordance with 28 TAC §133.210. The insurance carrier's denial for this reason is not supported.

2. Submitted documentation indicates that the insurance carrier also 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 Tizanidine 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 DWC concludes that the insurance carrier's denial of payment of the disputed drug based on preauthorization is not supported.

3. Because United Wisconsin Insurance Company failed to support its denial reason for the service in this dispute, DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(a), with relevant formula for generic drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \$4.00 \text{ dispensing fee per prescription} = \text{reimbursement amount}$.

- Tizanidine HCl 4 mg tablets: $(1.465 \times 30 \times 1.25) + \$4.00 = \$58.94$

The total allowable reimbursement is \$58.94. 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 requestor has established that reimbursement of \$58.94 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 United Wisconsin Insurance Company must remit to Memorial Wellness Pharmacy \$58.94 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	February 9, 2024
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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.