



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, L.L.C.

Respondent Name

Safety National Casualty Corporation

MFDR Tracking Number

M4-17-2824-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 22, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... all ingredients in the compounded medications subject to the claims at issue are included on the closed formulary."

Amount in Dispute: \$2,488.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The documentation does not show how this cream and each individual component is related to, appropriate for and medically necessary for the ICD-10 code provided ... For the purposes/conditions prescribed ... and for topical application, this compound is considered *investigational* under the ODG ... Such compounded prescriptions required a request for preauthorization, and evidence-base scientific analysis and approval by the Respondent's Utilization Review Agent because this use and form of these drugs and medium are investigational."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 1, 2016	Pharmacy Services – Compound	\$2,488.99	\$1,668.62

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.502 sets out the procedures for pharmaceutical benefits.
3. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.
4. 28 Texas Administrative Code §134.530 sets out the closed formulary requirements for claims not subject to

certified networks.

5. Texas Insurance Code, Chapter 4201 provides requirements related to utilization review.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – Payment denied/reduced for absence of precertification/authorization.

Issues

1. Did Safety National Casualty Company raise a new defense in its position statement?
2. Is the Safety National Casualty Company's reason for denial of payment supported?
3. Is Sentrix Pharmacy and Discount, L.L.C. (Sentrix) entitled to reimbursement of the disputed compound?

Findings

1. Sentrix is seeking reimbursement for a compound dispensed on August 1, 2016. In its position statement, Flahive, Ogden & Latson argued on behalf of the insurance carrier, "The documentation does not show how this cream and each individual component is related to, appropriate for and medically necessary for the ICD-10 code provided."

The insurance carrier is required to address only those issues raised before the request for medical fee dispute resolution (MFDR) in its position statement.¹

Review of the submitted documentation finds that Safety National Casualty Company failed to present a denial based on preauthorization to Sentrix² before the date that a request for MFDR was filed.

The division concludes that this defense presented in the insurance carrier's position statement shall not be considered for review because this assertion constitutes a new defense.

2. Safety National Casualty Company denied the disputed service with claim adjustment reason code 197 – "PAYMENT DENIED/REDUCED FOR ABSENCE OF PRECERTIFICATION/AUTHORIZATION."

Preauthorization is **only** required for:

- (A) drugs identified with a status of "N" in the current edition ODG/Appendix A,
- (B) any compound that contains a drug identified with a status of "N" in the current edition of the ODG/Appendix A, and
- (C) any investigational or experimental drug.³

The division finds that the compound in question does not include a drug identified with a status of "N".

Flahive, Ogden & Latson argued on behalf of the insurance carrier that "For the purposes/conditions prescribed ... and for topical application, this compound is considered *investigational* under the ODG."

The determination of a service's investigational or experimental nature is not subject to the *Official Disability Guidelines* (ODG). Instead, it is determined on a case by case basis as a utilization review. Utilization review includes a system for retrospective review to determine the experimental or investigational status of a service.⁴

The division found **no evidence** that the insurance carrier engaged in a prospective or retrospective utilization review (UR) in order to establish that the following compound in question is investigational or experimental in nature.

Because Safety National Casualty Company failed to perform UR on the above listed compound, the requirement for preauthorization based on an experimental or investigational service **is not triggered** in this case. The insurance carrier's preauthorization denial is therefore not supported.

¹ 28 Texas Administrative Code §133.307(d)(2)(F)

² 28 Texas Administrative Code §133.240

³ 28 Texas Administrative Code §134.540(b)

⁴ Texas Insurance Code §4201.002

3. Because the insurance carrier's denial reasons are not supported, the compound in question is eligible for reimbursement in accordance with applicable rules and laws.

The compound in question was submitted with the following ingredients:

- Salt Stable LS Base, NDC 00395602157, \$572.47
- Baclofen, NDC 38779038808, \$341.99
- Amantadine, NDC 38779011109, \$465.19
- Amitriptyline, NDC 5897800308, \$91.84
- Gabapentin, NDC 58597801407, \$754.16
- Ketoprofen, NDC 5897801707, \$263.34

The division finds that NDC 38779011109, 5897800308, and 5897801707 are not a valid National Drug Codes (NDC) for the ingredients in question.⁵ Therefore, these ingredients will not be considered for reimbursement.

The compound in dispute was billed by listing each drug included in the compound and calculating the charge for each drug separately.⁶ Each ingredient is listed below with its reimbursement amount.⁷ The calculation of the total allowable amount is as follows:

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Salt Stable Base	00395602157	B	\$3.36	170.4	\$624.07	\$572.47	\$572.47
Baclofen	38779038808	G	\$35.63	9.6	\$427.56	\$341.99	\$341.99
Amantadine	Invalid NDC	NA	NA	19.2	\$0.00	\$465.19	\$0.00
Amitriptyline	Invalid NDC	NA	NA	4.8	\$0.00	\$91.84	\$0.00
Gabapentin	58597801407	G	\$62.84	12	\$942.60	\$754.16	\$754.16
Ketoprofen	Invalid NDC	NA	NA	24	\$0.00	\$263.34	\$0.00
						Total	\$1,668.62

The total allowable reimbursement for the compound in dispute is \$1,668.62. This amount is recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,668.62.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$1,668.62, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

August 2, 2018
Date

⁵ 28 Texas Administrative Code §134.502(d)(1)
⁶ 28 Texas Administrative Code §134.502(d)(2)
⁷ 28 Texas Administrative Code §134.503(c)

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.