



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

American Zurich Insurance Co

MFDR Tracking Number

M4-24-2086-01

Carrier's Austin Representative

Rep Box 19

DWC Date Received

May 29, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 23, 2023	NDC # 72618300002	\$2,492.99	\$0.00
November 22, 2023	NDC # 72618300002	\$2,492.99	\$0.00
December 20, 2023	NDC # 72618300002	\$2,492.99	\$0.00
January 18, 2024	NDC # 72618300002	\$2,617.43	\$0.00
Total		\$10,096.40	\$0.00

Requestor's Position

"I have attached the Bill for DOS 10/23/23 for processing of payment. I have attached a copy of the Bill, the prescriptions, and the ORIGINAL denial. Attached is a copy of the Prior Authorization for medication NURTEC (page # 5). Please process correctly."

Amount in Dispute: \$10,096.40

Respondent's Position

"The provider filed a DWC 60, seeking medical fee dispute resolution for dates of service of October 23, 2023, November 22, 2023, December 20, 2023, and January 18, 2024. The medication filled on each of those dates was Nurtec ODT 75MG/1. The first three dates of service were billed at \$2,492.99 each. The fourth date of service was billed at \$2,617.43. The carrier denied the provider's medical bills on the basis that the medications required preauthorization and that preauthorization was not given. The provider claims that a URA approval letter dated July 21, 2023, would apply to the dates of service in question. However, that approval letter concerns the medical necessity of the medication was based upon refills # 2, and as such does not apply to four refills."

Received by: Flahive, Ogden & Latson

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 §133.305 sets out the general procedures for medical dispute resolution.
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 pharmacy.
4. 28 TAC §§134.530 and 134.540 sets out the closed formulary requirements.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- HE70 – Product/service not covered.
- HE75 – Prior authorization required to process this bill.

Issues

1. Is insurance carrier's denial reason(s) supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. TrustRx Pharmacy is seeking reimbursement for prescription Nurtec dispensed October 23, 2023, November 22, 2023, December 20, 2023, and January 18, 2024.

Submitted documentation indicates that the insurance carrier denied the disputed drugs based on preauthorization. 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.

In support of the requestor's position a copy of a preauthorization letter dated July 21, 2023, authorizing the disputed medication, for refill #2 was included in the dispute request. Neither party included documentation to support whether the medication in dispute was or was not refill #2.

The DWC finds that the drugs in question are identified with a status of "N" in the applicable edition of the ODG, Appendix A. Therefore, these drugs do require preauthorization for this reason. The DWC concludes that the insurance carrier's denial of payment of the disputed drug based on preauthorization is supported.

2. The DWC concludes that the disputed medications dispensed on October 23, 2023, November 22, 2023, December 20, 2023, and January 18, 2024, are identified as "N" status drugs. As a result, pre-authorization was required and not obtained. Because the insurance carrier's denial reason was supported reimbursement is not 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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$ 0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 21, 2024

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, 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.