

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Injured Workers Pharmacy

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-24-2912-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 27, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 28, 2023	62332036506	\$52.70	\$52.70
August 29, 2023	00093005805	\$190.55	\$190.55
September 28, 2023	49884030702	\$52.71	\$52.70
October 26, 2023	17433987703	\$260.07	\$260.07
February 14, 2024	29300035510	\$191.40	\$190.55
February 14, 2024	72205001590	\$952.07	\$952.07
February 21, 2024	49884030702	\$52.71	\$52.70
		\$1,752.21	\$1,751.34

Requestor's Position

"We received denials stating the medications we filled require prior authorization and was not obtained. We received prior authorization for all "N" status drugs on the ODG and attached a copy of the UR certification to this request."

Supplemental response September 19, 2024

"We did request reconsiderations on this matter, I attached the EOBs on the original request although I am missing a few due to different bill processors and I only had access to the

electronic billing EOBs.”

Amount in Dispute: \$1,752.21

Respondent's Position

“The request has been denied for payment. Injured Worker’s Pharmacy LLC’s request for medical fee dispute resolution (MFDR) has been submitted past filing limits. According to rule 133.307, the provider is to file a request for reconsideration prior to filing a MFDR. The provider did not follow this regulatory requirement prior to filing the medical fee dispute resolution.”

Response submitted by: TASB Risk Fund

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 of prior authorization.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- SNTB – Not a pharmacy bill.
- 9D (P12) – The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administrative Code Chapter 134, Section 134.530 and 134.540. If Prior Authorization was obtained, please resubmit with a copy of the required information.
- @G (W3) – No additional reimbursement allowed after review of appeal/reconsideration.
- XD (P12) – This bill was submitted after the billing timeliness guidelines provided.
- HE75 – Prior authorization required to process this bill.
- CMR – Payment disallowed; Billing error; Line item service previously processed electronically and reimbursement/denial decision previously rendered.
- HE83 – Duplicate paid/captured claim.
- VPMB – The claim is terminated

Issues

1. Is the respondent's position supported?
2. Was prior authorization required?
3. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for medication dispensed beginning in August 23, 2023 through February 21, 2024. The insurance carrier states in their position statement "...the provider is to file a request for reconsideration prior to filing a MFDR." Review of the submitted documentation included explanation of benefits that supports a request for reconsideration was done but the denial was maintained. The insurance carrier's position is not supported.
2. The insurance carrier denied for lack of prior authorization. DWC Rule 28 TAC §134.530 (b)(1)(A) states in pertinent part "Preauthorization is only required for drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG)/ Appendix A."

Review of Appendix A found Tramadol and Clonazepam are listed as "N" drugs. The submitted documentation found both medications had received authorization on the disputed dates of service. The other disputed items (Pregabalin and Enemeez) did not require prior authorization. The insurance carrier's denial is not supported.

3. DWC Rule 28 TAC §134.503 (c)(1)(A)(B) states in pertinent part (c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:

(1) the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed:

(A) Generic drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.09) + \4.00 dispensing fee per prescription = reimbursement amount;

Date of Service	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
8/28/2023	Clonazepam	62332036506	G	1.298	30	\$52.70	\$52.70	\$52.70
8/29/2023	Tramadol	00093005805	G	0.829	180	\$190.55	\$190.55	\$190.55
9/28/2023	Clonazepam	49884030702	G	1.298	30	\$52.70	\$52.71	\$52.70
10/26/2023	Enemeez Plus	17433987703	G	0.78	300	\$260.08	\$260.07	\$260.07
2/14/2024	Tramadol	29300035510	G	0.829	180	\$190.55	\$191.40	\$190.55
2/14/2024	Pregabalin	72205001590	G	8.427	90	\$952.07	\$952.07	\$952.07
2/21/2024	Clonazepam	49884030702	G	1.298	30	\$52.70	\$52.71	\$52.70
							\$1,752.21	\$1,751.34

The total reimbursement is \$1,751.34 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 reimbursement 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 TASB Risk Management Fund must remit to Injured Workers Pharmacy LLC \$1,751.34 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	October 4, 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 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.