

MDR Tracking Number: M5-03-0461-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305 titled Request for Medical Dispute Resolution, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for prescription medication.
- b. The request was submitted on 10-11-02.

II. EXHIBITS

1. **Requestor:**
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. **Respondent:**
 - a. TWCC 60 and Letter Responding to Dispute Resolution.

III. PARTIES' POSITIONS

1. **Requestor:**

“In reference to the above named claimant and date of injury, our office has billed these claims in a timely manner. The pharmaceutical charges have incorrectly paid, have yet to receive payment denial or correspondence, need reporting from provider, and not providing a commission approved EOB when denying or reducing payment on dates of service.”
2. **Respondent:**

“In review of the Table of Disputed Services and the Medical Dispute packet, the Office notes as it has in numerous previous responses to violation referrals and medical disputes by Hassle Free Pharmacy Services, that Hassle Free is a billing service and not the provider who dispensed the medication to the injured

worker...ScriptNet has established a standard network of contracted pharmacies and reimbursement rates. A thorough review of the Office’s documentation shows that upon receipt of the bills for dates of service 11/27/01, 11/28/01 and 12/22/01 in question, audits were performed and denials were rendered, to ScriptNet for identical charges received. One audit was performed for date of service 10/29/01, on which a denial was issued to Hassle Free Pharmacy Services on 12/13/01 as no letter of medical necessity on file for the prescription. The Office contends that the provider did not adhere to the filing requirements for date of service 10/29/01, under Rule 133.304(k)(1)(A)(B)(2)(3) which explains the process for requesting reconsideration...The Office has made appropriate payments/denials of charges for medical services in accordance with the Commission’s fee guidelines and medical policies, and has properly issued denials with adequate explanation consistent with Commission requirements...”

IV. FINDINGS

1. Based on Commission Rule 133.305(d)(2), the only dates of service eligible for review commence on 10-29-01 to 12-22-01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	Rx	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10-29-01	Hydro/AP AP	\$40.10	\$0.00	N	\$40.10	PF, (II)(D)	Dr. K wrote that, “Pending approval of surgery, she is still requiring pain medications. In the past, and still currently, she is requiring the Hydrocodone (Vicodin) for pain relief, Valium for muscle spasms, Amitriptyline has been tried for her radiculopathy symptoms, Vicoprofen for acute pain, Soma for muscle spasms, Oxycontin for chronic pain and Celebrex for anti-inflammatory effect. Letter of medical necessity supports billing, reimbursement of \$40.10 is recommended.

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10-29-01 11-27-01	Vicoprofen	\$123.22		N	\$123.22	PFG, (II)(D)	Letter of medical necessity supports billing, reimbursement of \$246.44 is recommended.
11-28-01	Carisoprodol	\$32.21		N	\$32.21	PFG, (II)(D)	Letter of medical necessity supports billing, reimbursement of \$32.21 is recommended
12-22-01	Vicoprofen	\$75.53		N	\$75.53	PFG, (II)(D)	Letter of medical necessity supports billing, reimbursement of \$75.53 is recommended.
Totals		\$394.28	\$0.00		\$394.28		The Requestor is entitled to reimbursement of \$394.28.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the respondent, State Office of Risk Management, to remit \$394.28 plus all accrued interest due at the time of payment to the requestor, Hassle Free Pharmacy, within 20 days receipt of this order.

This Order is hereby issued this 17th day of January, 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division