

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Memorial Compounding Rx

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-19-4611

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 24, 2019

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 24, 2019	Lyrica 150 mg Capsules	\$900.24	\$900.24

Requestor's Position

... Memorial Compounding Pharmacy has met the requirements to receive reimbursement.

Amount in Dispute: \$900.24

Respondent's Position

Audit staff reviewed the bill and documentation relating to the prescription, upon review it was determined that documentation submitted did not support an early refill for the prescription drug. According to the claim file and bill history it appears that Lyrica was filled and billed on 4/4/19 by a different pharmacy for a 30 day supply, next refill would be on or after 4/27/19.

Response Submitted by: Texas Mutual Insurance Company

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.503 sets out the fee guidelines for pharmaceutical services.

Denial Reasons

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

- CAC-154 – Payer deems the information submitted does not support this day's supply.
- 856 – Early refill: documentation has not been submitted to substantiate dispensing this medication prior to previous Rx being exhausted.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.

Issues

1. Is Texas Mutual Insurance Company's denial based on early dispense supported?
2. Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

1. Memorial is seeking reimbursement for Lyrica 150 mg capsules dispensed on April 17, 2019. The insurance carrier denied payment stating that it was an early refill, arguing that "according to the claim file and bill history it appears that Lyrica was filled and billed on 4/4/19 by a different pharmacy for a 30 day supply, next refill would be on or after 4/27/19."

No evidence was presented to DWC to support that a dispense of the drug in question occurred before the date of service in this dispute in accordance with 28 TAC §133.307(d)(2). Therefore, Texas Mutual Insurance Company's denial is not supported.

2. Because the insurance carrier failed to support its denial of payment, DWC finds that Memorial is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c).

- Lyrica 150 mg capsules: $(9.36378 \times 90 \times 1.09) + \$4.00 = \$922.59$

The total allowable reimbursement is \$922.59. Memorial is seeking \$900.24. 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 additional reimbursement of \$900.24 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Texas Mutual Insurance Company must remit to Memorial Compounding Rx \$900.24 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 8, 2022

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.