



TEXAS DEPARTMENT OF INSURANCE

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

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requester Name

MEMORIAL COMPOUNDING RX

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-21-0192-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 6, 2020

REQUESTER'S POSITION SUMMARY

"MEMORIAL WELLNESS PHARMACY ONLY DISPENSED PREGABALIN AS PREGABALIN IR (IMMEDIATE RELEASE), WHICH IS A 'Y' DRUG ON THE ODG. PREGABALIN CR (CONTROLLED RELEASE) IS NOT YET AVAILABLE TO DISPENSE ON THE MARKET."

Amount in Dispute: \$815.97

RESPONDENT'S POSITION SUMMARY

"The Pharmacy billed for Pregabalin which is the generic label for (Lyrica). Audit staff reviewed the bill (DWC66) received by the pharmacy, which did not contain information on which label status was dispensed. Audit staff denied the bill with A11 denial modifier, due to no preauth being obtained for the N status label. A21 denial modifier requested clarification from the pharmacy on which label was dispensed."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 6, 2020	Pregabalin 200 mg Capsule	\$815.97	\$0.00

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 (DWC).

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.
3. 28 Texas Administrative Codes §§134.530 and 134.540 set out the requirements for preauthorization of pharmaceutical services.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- CAC-197 – Precertification/authorization/notification absent.
 - A21 – Clarification requested on drug, per ODG, this drug is listed as both N & Y status. Rx will be evaluated upon receipt of information.
 - A11 – N drug denial. Preauthorization required for “N” drugs in ODG Appendix A per rule 134.503 & 134.504.
 - Notes: NDC # is not listed in ODG treatment guidelines. Additional clarification on drug formulary status is needed.
 - 762 – Treatment/service in excess ODG/DWC treatment guidelines in accordance with TAC Rule 134.502, 503 & 134.600(p)(12)

Issues

Is Memorial Compounding Rx (Memorial) entitled to reimbursement for the drug in question?

Findings

Memorial is seeking reimbursement for Pregabalin 200 mg capsules dispensed on July 6, 2020. Texas Mutual Insurance Company denied payment based, in part on lack of preauthorization.

Drugs that have a status of “N” in the current edition of the ODG Appendix A¹ require preauthorization.² The DWC finds that Pregabalin includes a status of “N” in the relevant edition of the ODG Appendix A.

Memorial made no argument to support that the dispensed drug does not have a status of “N.” No evidence of receipt of preauthorization for this drug was submitted to the DWC. No reimbursement can be recommended.

Conclusion

For the reasons stated above, the DWC finds that the requester has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requester is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 14, 2021
Date

¹ ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary

² 28 Texas Administrative Codes §§134.530 (b)(1)(A) and 134.540 (b)(1)

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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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.