



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts

Respondent Name

San Antonio Housing Authority

MFDR Tracking Number

M4-24-1612-01

Carrier's Austin Representative

Box Number 16

DWC Date Received

March 25, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2023	00071-1013-68 Lyrica 50 mg	382.18	\$340.94
September 12, 2023	00071-0805-24 Neurontin 300mg	815.29	\$726.84
October 9, 2023	00071-1013-68 Lyrica 50 mg	382.18	\$335.34
October 9, 2023	00071-0805-24 Neurontin 300mg	815.29	\$709.31
November 6, 2023	00071-1013-68 Lyrica 50 mg	382.18	\$340.94
November 9, 2023	00071-0805-24 Neurontin 300mg	815.29	\$726.84
December 4, 2023	00071-1013-68 Lyrica 50 mg	382.18	\$340.94
December 6, 2023	00071-0805-24 Neurontin 300mg	815.29	\$726.84
		\$4,789.88	\$4,247.99

Requestor's Position

"The carrier issued a payment of \$5.60 for Lyrica and \$17.53 for Neurontin filled on 10/09/2023.

EZ Scripts seeks an additional payment for each date of service. ...The prescription for Lyrica 50 MG and Neurontin 300 MG DAW brand only were filled on 09/08/2023, 09/12/2023, 11/06/2023, 11/09/2023, 12/04/2023, and 12/06/2023. Express Scripts and Sedgwick bill review denied these medications for a lack of preauthorization."

Amount in Dispute: \$4,789.88

Respondent's Position

The Austin carrier representative for San Antonio Housing Authority is Adami Shuffield Scheihing. The representative was notified of this medical fee dispute on April 2, 2024.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Response submitted by: N/A

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.530](#) sets out the requirements for use of the closed formulary for claims not subject to certified networks.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 1014 – The attached billing has been reevaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal.

- 4191 – The provider has billed for a brand name drug. An allowance has been made for the generic equivalent drug.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 247 – A payment or denial has already been recommended for this service.
- 18 – Exact duplicate claim/service.
- 5205 – Cannot review bill without medical notes for date(s) of service. Please submit medical notes with bill to expedite processing.
- 226 Information requested from the billing/rendering provider was not provided or not provided timely or was insufficient/incomplete.

Issues

1. Do the disputed medications require prior authorization?
2. What rule(s) apply to disputed services?

Findings

1. The requestor is seeking reimbursement for the oral medications Lyrica and Neurontin. The insurance carrier denied the disputed dates of service as required prior authorization not obtained and lack of medical notes.

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 the applicable Appendix A found neither of these medications are listed as a “N” drug. The insurance carrier’s denial is not supported.

Review of the documentation submitted with this request for MFDR included the prescribing information via the electronic prescription. The respondent did not support what other information they had requested.

The service in dispute will be reviewed per applicable fee guideline.

2. DWC Rule 28 Texas Administrative Code §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: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

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

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Lyrica 9/8/23	00071101368	B	10.30	30	\$340.94	\$382.18	\$340.94
Neurontin 9/12/23	00071080524	B	7.368	90	\$726.84	\$815.29	\$726.84
Lyrica 10/9/23	00071101368	B	10.30	30	\$340.94	\$382.18	\$340.94
Neurontin 10/9/23	00071080524	B	7.368	90	\$726.84	\$815.29	\$726.84
Lyrica 11/6/23	00071101368	B	10.30	30	\$340.94	\$382.18	\$340.94
Neurontin 11/9/23	00071080524	B	7.368	90	\$726.84	\$815.29	\$726.84
Lyrica 12/4/23	00071101368	B	10.30	30	\$340.94	\$382.18	\$340.94
Lyrica 12/6/23	00071080524	B	7.368	90	\$726.84	\$815.29	\$726.84
						\$4,789.88	\$4,271.12

The total reimbursement is \$4,271.12. The insurance carrier paid \$23.13. The balance of \$4,247.99 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 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 San Antonio Housing Authority must remit to EZ Scripts LLC \$4,247.99 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

May 28, 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, 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.