



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

Lubbock County

MFDR Tracking Number

M4-24-1724-01

Carrier's Austin Representative

Rep Box 43

DWC Date Received

April 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 30, 2023	NDC # 00071101468	\$760.38	\$587.23

Requestor's Position

"I have attached the Bill for DOS 08/30/23 for processing of payment. I have attached a copy of the Bill, the prescriptions, and the ORIGINAL denial. Attached is a copy of the Prior Authorization for medication LYRICA (page# 5). Please Process correctly."

Amount in Dispute: \$ 760.38

Respondent's Position

The Austin carrier representative for Lubbock County is JI Specialty Services. JI Specialty Services was notified of this medical fee dispute on April 16, 2024. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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 §133.305 sets out the general procedures for medical dispute resolution.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.503 sets out the fee guidelines for pharmacy.

Denial Reasons

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

- HE70 – Product/service not covered.
- E1 (P12) – The provider does not appear to have a valid Drug Enforcement Agency (DEA) ID on file. As the service rendered is a drug item classified by the DEA as a federally controlled substance, it is recommended the provider submit an updated DEA ID in order to remain compliant.
- N3 (B20) – A reduction was made because a different provider has billed for the exact services on a previous bill.
- ZR (P12) – The provider or different provider has billed for the exact service on a previous bill where no allowance was originally recommended.
- B20 N3 – Procedure/service was partially or fully furnished by another provider.
- P12 ZR, E1 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Are Lubbock County's reasons for denial of payment supported?
2. Is TrustRx Pharmacy entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement in the amount of \$760.38 for Lyrica 75 mg dispensed on August 30, 2023.

The insurance carrier denied reimbursement, in part, stating, "The provider does not appear to have a valid Drug Enforcement Agency (DEA) ID on file. As the service rendered is a drug item classified by the DEA as a federally controlled substance, it is recommended the provider submit an updated DEA ID in order to remain compliant."

The respondent failed to demonstrate its reasoning for why this denial of payment should be maintained; failed to explain how the Labor Code and DWC rules, including fee guidelines, impact this denial of the charges in dispute; and failed to submit any documentation to support this denial reason in accordance with 28 TAC §133.307(d)(2). DWC finds that this denial reason is not supported.

The insurance carrier also denied payment for the drug in question stating that it was “partially or fully furnished by another provider,” and that “a different provider has billed for the exact services.” DWC finds that no evidence was submitted to support this denial reason.

- 2. Because the insurance carrier failed to support its denial of payment for the drug in question, DWC finds that TrustRx Pharmacy is entitled to reimbursement.

Lyrica is determined to be a brand-name drug. The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(1)(B) with relevant formula for brand name drugs: ((AWP per unit) x (number of units) x 1.09) + \$4.00 dispensing fee per prescription = reimbursement amount.

Date	Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
8/30/2023	Lyrica 75 mg	00071101468	B	\$8.91789	60	\$587.23	\$760.38	\$587.23

The total reimbursement is \$587.23. 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 of \$587.23 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 Lubbock County must remit to TrustRx Pharmacy \$587.23 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

June 24, 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, 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.