



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

Lubbock County

MFDR Tracking Number

M4-24-2640-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

August 5, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 15, 2024	Left blank	\$798.21	\$0.00
		\$798.21	\$0.00

Requestor's Position

"Attached to this Medical Fee Dispute for (redacted) workman comp claim are the following:

- Copy of the original bill(s) sent to the carrier
- Copy of original denial
- Copy of appeals that were sent to the carrier, (regarding original denial)
- Copy of denial received after the appeal was processed
- Copy of approved Prior Authorization for medication Lyrica

Amount in Dispute: \$798.21

Respondent's Position

The Austin carrier representative for Lubbock County is JI Specialty Services. The representative was notified of this medical fee dispute on August 13, 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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [TAC §615.12](#) sets out the registration requirements of dispensing a controlled substance.

Denial Reasons

- HE70 – Product/Service not covered
- 60 (B13) – The provider has billed for the exact services on a previous bill.
- 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.
- ZR (P12) – the provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

Issues

1. Is the insurance carrier's denial supported?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement of the medication (Lyrica 75mg capsule) for date of service April 15, 2024. The insurance carrier denied the as product/service not covered, no DEA number and duplicate. Pregabalin, (Lyrica) was found in the Drug Enforcement Agency (DEA) drug classification listing as a controlled substance. Texas Administrative Code Rule

§315.12 (b) states, "If a written prescription form is to be used to prescribe a controlled substance the dispensing practitioner must be registered with the DEA under both state and federal law to prescribe controlled substances.

Insufficient evidence was found to support the requestor met the required registration. The insurance carrier's denial is supported.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	<u>January 3, 2025</u>
Signature	Medical Fee Dispute Resolution Officer	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.