



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

EZ Scripts LLC

Respondent Name

San Antonio Housing Authority

MFDR Tracking Number

M4-25-0092-01

Carrier's Austin Representative

Rep Box 16

DWC Date Received

September 12, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 2, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$376.58	\$376.58
January 5, 2024	NDC # 00071-0805-24 Gabapentin / Neurontin	\$815.29	\$815.29
February 7, 2024	NDC # 00071-0805-24 Gabapentin / Neurontin	\$855.90	\$855.90
February 12, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$401.11	\$401.10
March 11, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$401.11	\$401.10
March 27, 2024	NDC # 00071-0805-24 Gabapentin / Neurontin	\$855.90	\$855.90
April 9, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$401.11	\$401.10
May 7, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$401.11	\$401.10
June 4, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$401.11	\$401.10
June 26, 2024	NDC # 00071-0805-24 Gabapentin / Neurontin	\$855.90	\$855.90
July 1, 2024	NDC # 00071-1013-68 Pregabalin / Lyrica	\$401.11	\$401.10
Total		\$6,166.23	\$6,166.17

Requestor's Position

"The prescriptions for Lyrica 50 MG and Neurontin 300 MG DAW brand only were filled on 01/05/2024, 02/07/2024, 02/12/2024. MyMatrixx denied these medications with the code 'precertification/authorization/notification/pre-treatment absent.' Lyrica and Neurontin were Y drugs on the ODG formulary each time they were filled."

Amount in Dispute: \$6,166.23

Respondent's Position

The Austin carrier representative for San Antonio Housing Authority is Adami Shuffield Scheihing & Burns. Adami Shuffield Scheihing & Burns was notified of this medical fee dispute on September 17, 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 reduced the payment for the disputed services with the following claim adjustment codes:

- 197 - Precertification/authorization/notification/pre-treatment absent.
- 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.
- N600 - Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- OA - Other adjustment.
- 27 - Expenses incurred after coverage terminated.

Issues

1. Is the insurance carrier's denial due to coverage termination supported?
2. Is insurance carrier's denial reason(s) supported?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied the disputed medications with denial reduction code, "27-expenses incurred after coverage termination." 28 TAC §133.305(b) states that if a dispute over the compensability, extent of injury or liability exists for the same service for which there is a medical fee dispute, the dispute regarding the compensability, extent of injury or liability shall be resolved prior to the submission of a medical fee dispute.

A review of the documents submitted by the parties finds that the carrier did not provide documentation to the Division to support that it filed a Plain Language Notice (PLN) regarding the disputed conditions as required by §133.307(d)(2)(H).

The division finds that the respondent did not submit sufficient information to MFDR, to support that the PLN had ever been presented to the requestor or that the requestor had otherwise been informed of PLN prior to the date that the request for medical fee dispute resolution was filed with the DWC; therefore, the DWC finds that the extent of injury denial was not timely presented to the requestor in the manner required by 28 TAC §133.240. Because the service in dispute does not contain a compensability, extent of injury or liability issue, this matter is eligible for adjudication of a medical fee under 28 TAC §133.307. For that reason, this matter is addressed pursuant to the applicable rules and guidelines

2. EZ Scripts LLC is seeking additional reimbursement for prescriptions Lyrica and Neurontin dispensed on January 2, 2024, through July 1, 2024. Per explanation of benefits dated January 15, 2024, the insurance carrier issued a partial payment for Lyrica in the amount of \$5.60 citing the workers' compensation fee schedule as its reason for the reduction. All other billed prescriptions were denied payment.

28 TAC §134.503(c) requires the insurance carrier to pay the lesser of DWC's pharmacy formulary 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, or the billed amount.

28 TAC §134.502(a)(3) states "The doctor must prescribe generic prescription drugs when available and clinically appropriate. If in the medical judgment of the prescribing doctor a brand-name drug is necessary, the doctor must specify on the prescription that brand-name drugs be dispensed in accordance with applicable state and federal law and must maintain documentation justifying the use of the brand-name drug, in the patient's medical record."

A review of the prescriptions indicates "brand name necessary", and "Dispensed as Written, DAW." The DWC finds that the disputed drugs denied by the insurance carrier with denial codes, 4191, P12, N600 are not supported.

3. The requestor seeks reimbursement for medications dispensed on January 2, 2024, through July 1, 2024, in the amount of \$6,166.23. The insurance carrier denied the disputed medications due to lack of preauthorization.

28 TAC §134.503 (c) states the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of 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:

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

NDC	Drug	Generic(G) / Brand(B)	Price / Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed Amt
00071-1013-68	Lyrica	B	11.56544	30	\$382.19	\$382.18	\$382.18 - \$5.60 = \$376.58
00071-0805-24	Neurontin	B	8.27050	90	\$815.34	\$815.29	\$815.29
00071-0805-24	Neurontin	B	8.68400	90	\$855.90	\$855.90	\$855.90
00071-1013-68	Lyrica	B	12.14378	30	\$401.10	\$401.11	\$401.10
00071-1013-68	Lyrica	B	12.14378	30	\$401.10	\$401.11	\$401.10
00071-0805-24	Neurontin	B	8.68400	90	\$855.90	\$855.90	\$855.90
00071-1013-68	Lyrica	B	12.14378	30	\$401.10	\$401.11	\$401.10
00071-1013-68	Lyrica	B	12.14378	30	\$401.10	\$401.11	\$401.10
00071-1013-68	Lyrica	B	12.14378	30	\$401.10	\$401.11	\$401.10
00071-0805-24	Neurontin	B	8.68400	90	\$855.90	\$855.90	\$855.90
00071-1013-68	Lyrica	B	12.14378	30	\$401.10	\$401.11	\$401.10
Total					\$6,171.83	\$6,171.83	\$6,166.17

The division finds that the requestor is entitled to reimbursement in the amount of \$6,166.17. 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 requestor has established that reimbursement of \$6,166.17 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 respondent must remit to the requestor \$6,166.17 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	January 8, 2025
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, 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.