



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

TrustRX Pharmacy

**Respondent Name**

American Zurich Insurance Co.

**MFDR Tracking Number**

M4-25-1113-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 27, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 19, 2024	Pharmaceutical Services	\$2,617.43	\$0.00
July 12, 2024		\$291.32	\$0.00
<b>Total</b>		<b>\$2,908.75</b>	<b>\$0.00</b>

### Requester's Position

Initial Statement: "Attached to this fax is a copy of the original bills that were sent to carrier ZURICH along with the appeal and Prior Authorization for medication NURTEC and TOPIRAMATE. Also attached are all denials that were received from ZURICH regarding the Dates of service in question.

"Attached to this appeal is a copy of TrustRX W-9 form for payment, as Trustrx has terminated its relationship with Injury billing."

Supplemental Statement: "Trustrx has received payment but did not receive the interest payment of \$147.09."

Supplemental Statement: "Although payment was initially received, the carrier has since reversed the payment, and as a result, Trustrx still has an outstanding balance for Date of Service 2/19/2024 in the amount of \$2,617.43."

**Amount in Dispute:** \$2,908.75

## **Respondent's Position**

Initial Response: "The carrier is reprocessing the provider's medical bills and will supplement its response with the new EOBs."

Supplemental Response: "The carrier has reprocessed the provider's bills recommending payment of \$2,617.43 and \$291.32."

Supplemental Response: "We are attaching the EOBs for both dates of service which includes additional payments of the principal amounts and interest."

**Response Submitted by:** Flahive, Ogden & Latson

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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.

### Denial Reasons

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

- HE75 – Prior Authorization required to process this bill.
- P12:9D – Workers' compensation jurisdictional fee schedule adjustment
- 9D(P12) – The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administrative Code Chapter 134, Section 134.530 and 134.540.
- HE70 – Product/Service Not Covered

### Issues

1. Did the insurance carrier maintain its denial of payment for the services in question?

### Findings

1. TrustRX is seeking reimbursement for drugs dispensed on February 19, 2024, and July 12, 2024. Per explanations of benefits dated May 14, 2025, the insurance carrier paid the disputed services in full. In a supplemental statement, the requester said that part of the payment was reversed. However, the documentation provided was not sufficient to support its claim of reversal for the payment in question. DWC concludes that the insurance carrier did not

maintain its denial of payment and paid the services in full. No reimbursement is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 requester is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	July 31, 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](http://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 three or email [CompConnection@tdi.texas.gov](mailto: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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).