



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

TrustRX Pharmacy

**Respondent Name**

New Hampshire Insurance Co.

**MFDR Tracking Number**

M4-25-1137-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

January 28, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 26, 2024 – May 24, 2024	Pharmaceutical Services	\$507.21	\$0.00

### Requester's Position

Initial Statement: "Attached to this fax is a copy of the original bills that were sent to carrier GALLAGHER BASSETT along with the appeal and Prior Authorization for medication TRAMADOL and METHOCARBAM."

Subsequent Statement: "Trustrx did receive 1 payment in the amount of \$27.19 which was made out to Trustrx pharmacy (check#...). The check #... and check #... was issued to mymatrixx and Trustrx has not received payment from their BMP as of yet."

**Amount in Dispute:** \$507.21

### Respondent's Position

"Our bill audit company has determined additional monies are owed in the amount of \$507.21 Interest in the amount of \$27.19 has been issued."

**Response Submitted by:** Gallagher Bassett

## 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:

- P2 – Not a work related injury/illness and thus not the liability of the workers' compensation carrier

### Issues

1. Is TrustRX entitled to reimbursement for the services in question?

### Findings

1. TrustRX is seeking reimbursement of \$507.21 for pharmaceutical services dispensed from January 26, 2024, through May 24, 2024. Documentation submitted by the insurance carrier provides evidence that it paid the requested amount in full. No further 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 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

July 9, 2025  
\_\_\_\_\_  
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).