



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

TrustRx Pharmacy

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-25-1605-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 23, 2024	Left blank	\$13.95	\$4.82
September 4, 2024	Left blank	\$766.02	\$4.82
October 2, 2024	Left blank	\$324.54	\$4.82
October 29, 2024	Left blank	\$1,356.33	\$4.82
November 25, 2024	Left blank	\$1,539.27	\$220.92
		\$4,000.11	\$240.20

Requestor's Position

"Attached to this Medicare Fee Dispute Resolution request are the following: Copy of the original Bill (s) to the carrier. Copy of the original denial. Copy of the appeals that were sent into the carrier (regarding original denial). Copy of denials after appeal were processed. Legal letter regarding issuing payment. Email between Adjuster Alyssa."

Supplemental response June 13, 2025

"Trustrx has not received full payment for the dates in dispute. Trustrx still has an outstanding balance for DOS 11/25/24 \$213.92."

Supplemental response May 13, 2025

"...the payment should have been directed to Trustrx Pharmacy; however, it was mistakenly issue to Injury Billing LLC."

Amount in Dispute: \$4,000.11

Respondent's Position

Carrier (Zurich) response, May 22, 2025

Dates of service 10/29/24 & 11/25 already paid to Trust RX Pharmacy. Dates of service 8/23/24, 9/4/24, and 10/2/24 have been reconsidered to pay to Trust RX Pharmacy.

"The provider is seeking total payment of \$4,000.11. The carrier has reprocessed the provider's medical bill. We are attaching a copy of the EOB's. The EOB for the August 23, 2024 date of service recommends payment of \$9.13. The EOB for the September 4, 2024 date of service recommends payment of \$761.20. The EOB for the October 2, 2024 date of service recommends of \$319.72. The EAG for the October 29, 2024 date of services recommends payment of \$319.73. The EOB for the November 25, 2024 date of service recommends payment of \$1,318.35."

Supplemental response dated May 12, 2025

"Carrier has previously responded to this dispute on April 8, 2025. Attached are the Carrier's EOBs recommending payment of interest for dates of service of August 23, 2024, September 2, 2024, October 2, 2024 October 29, 2024 and November 25, 2024."

Response submitted by: Flahive, Ogden & Latson

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. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- TERM – Date of service after Coverage expired
- B13 – The provider has billed for the exact services on a previous bill under review and in progress.

- HE75 – Prior authorization required to process this bill.
- W3 – Additional payment made on appeal / reconsideration.
- D2(P12) – The charge for the over-the-counter medication exceeds the retail price.

Issues

1. What services remain in dispute?
2. What rule is applicable to reimbursement?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement of the following medications. The insurance carrier originally denied the claim for date of service after coverage was terminated. Upon reconsideration, the insurance carrier made payments. The requestor has maintained an amount in dispute.

Review of the submitted medical claim form (DWC66) and explanation of benefits finds the following.

- Date of service August 23, 2024, billed amount \$13.95
 - Biofreeze Gel 4% 59316-0102-12.
 - Explanation of benefits dated March 28, 2025 indicates payment of \$9.13
 - A balance of \$4.82 remains. The fee calculation is shown below.
- Date of service September 4, 2024, billed amount \$766.02 as shown on DWC 060
 - Medications with this date of service were
 - Biofreeze Gel – Billed amount \$13.95
 - Oxaprozin – billed amount \$583.72
 - Apap/Cod #3 – billed amount \$39.66
 - Gabapentin – billed amount \$98.84
 - Methocarbam – billed amount \$29.85
 - Explanation of benefits dated March 28, 2025 indicates payment of \$9.13
 - Explanation of benefits dated March 28, 2025 indicates payment of \$752.07
 - Total payment issued by insurance carrier \$761.20. A balance of \$4.82 remains.
- Date of service October 2, 2024, billed amount \$324.54 as shown on DWC 060
 - Medications with this date of service were
 - Biofreeze Gel – Billed amount \$13.95
 - Gabapentin – Billed amount \$98.84
 - Apap/Cod – Billed amount \$21.84

- Methocarbam – Billed amount \$29.85
 - Ibuprofen Tab – Billed amount \$160.06
 - Explanation of benefits dated March 28, 2025 indicates a payment of \$9.13
 - Explanation of benefits dated March 28, 2025 indicates a payment of \$310.59
 - Total payment issued by insurance carrier \$319.72. Balance of \$4.82 remains.
- Date of service October 29, 2024, billed amount \$1,356.33 as shown on DWC 060
 - Medications with this date of service were
 - Ibuprofen Tab – billed amount \$160.06
 - Biofreeze Gel 4% - billed amount \$13.95
 - Gabapentin – billed amount \$98.84
 - Methocarbam – billed amount \$29.86
 - Apap/cod – billed amount \$21.84
 - Explanation of benefits dated March 28, 2025 indicates a payment of \$319.73
 - The total billed amount supported by medical billing is \$324.55. A balance of \$4.82 remains.
 - The charges beyond \$324.55 (1,356.33 – 324.55 or \$1,031.78) will not be considered in this review
- Date of service November 25, 2024, billed amount \$1,539.27 as shown on DWC 060
 - Medications with this date of service were
 - Lidocaine Pad 4% - billed amount \$1,053.62
 - Methocarbam – billed amount \$29.86
 - Gabapentin – billed amount \$98.84
 - Cooling Pain gel – billed amount \$18.99
 - Ibuprofen tab – billed amount \$315.12
 - Apap/cod – billed amount \$21.84
 - Explanation of benefits dated March 31, 2025 indicates a payment of \$839.70
 - A balance of \$213.92 remains
 - Explanation of benefits dated March 28, 2025 indicates a payment of \$11.99
 - A balance of \$7.00 remains
 - Explanation of benefits dated March 28, 2025 indicates a payment of \$29.86
 - This payment is equal to amount billed no balance remains.
 - Explanation of benefits dated March 28, 2025 indicates a payment of \$98.84
 - This payment is equal to amount billed no balance remains.
 - Explanation of benefits dated March 23, 2025 indicates a payment of \$21.84

- This payment is equal to amount billed no balance remains.
- Explanation of benefits dated March 28, 2025 indicates a payment of \$315.12
 - This payment is equal to amount billed no balance remains.
- The total billed amount supported by medical bills is \$1,538.27. Payments totaling \$1,317.35 were made. A balance of \$220.92 remains.

2. DWC Rule 28 Texas Administrative Code §134.503 (c)(1)(A)(B) states in pertinent part (c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:

(1) 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:

(A) Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

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

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Biofreeze	59316010212	B	0.102	89	\$13.95	\$13.95	\$13.95
Lidocaine Pad	71662000020	G	13.995	90	\$1376.91	\$1053.62	\$1053.62
Cooling pain gel	70000061801	G	0.134	89	\$18.99	\$18.99	\$18.99

3. The insurance carrier's payment was not at maximum allowed reimbursement (MAR) for the following.

- August 23, 2024 – Biofreeze. Allowable \$13.95 less payment of \$9.13. Balance is due \$4.82.
- September 4, 2024 - Biofreeze. Allowable \$13.95 less payment of \$9.13. Balance is due \$4.82.
- October 2, 2024 - Biofreeze. Allowable \$13.95 less payment of \$9.13. Balance is due \$4.82.
- October 29, 2024 - Biofreeze. Allowable \$13.95 less payment of \$9.13. Balance is due \$4.82.
- November 25, 2024 – Lidocaine. Allowable \$1053.62 less payment of \$839.70. Balance is due \$213.92.
- November 25, 2024 – Colling pain gel. Allowable \$18.99 less payment of \$11.99. Balance due \$7.00.

The balance due to the requestor is \$240.20. 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 additional reimbursement 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 Zurich American Insurance Co must remit to Trustrx Pharmacy \$240.20 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

Authorized Signature

_____	_____	June 23, 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, 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 electronico CompConnection@tdi.texas.gov.