



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Security National Insurance Co

MFDR Tracking Number

M4-25-1936-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 18, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 13, 2024	Left blank	\$44.28	\$44.27

Requester's Position

"Attached to this Medical Fee Dispute Resolution request are the following: ...Medication TRAZODONE is a "Y" status on the Texas ODG form."

Amount in Dispute: \$44.28

Respondent's Position

The Austin carrier representative for Security National Insurance Co is Downs Stanford. The representative was notified of this medical fee dispute on April 29, 2025.

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.

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 §134.530](#) sets out the requirements of prior authorization.
3. [28 TAC §134.503](#) sets out the fee guidelines for pharmacy services.

Denial Reasons

- HE75 – Prior authorization required to process this bill.
- 60(B13) – The provider has billed for the exact services on a previous bill.
- 9D(P12) – The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administration Code Chapter 134, Section 134.530 and 134.540.
- 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 for lack of prior authorization supported?
2. What rule is applicable to reimbursement?
3. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement of medication for a date of service in November 2024. The insurance carrier denied the claim for lack of prior authorization. DWC Rule 28 TAC §134.530 (b)(1)(A-C) states, Preauthorization is only required for:
 - (A) drugs identified with a status of "N" in the current edition of the ODG Treatment in Workers' Comp (ODG) / Appendix A, ODG Workers' Compensation Drug Formulary, and any updates;
 - (B) any prescription drug created through compounding; and
 - (C) any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but that is not yet broadly accepted as the prevailing standard of care as defined in Labor Code §413.014(a).

Review of the applicable Appendix A referenced above indicates this medication has a "Y"

status. As this medication is not a compound or considered investigational, the insurance carrier's denial is not supported. The disputed medication will be reviewed per applicable fee guideline.

2. DWC Rule 28 TAC §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;

Drug	NDC	Generic(G) /Brand(B)	Price /Unit	Units Billed	AWP Formula	Billed Amt	Lesser of AWP and Billed
Trazodone	13668033001	G	1.07	30	\$44.27	44.28	\$44.27

3. The total reimbursement is \$44.27, this amount 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Security National Insurance Co must remit to TrustRX pharmacy \$44.27 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	July 9, 2025 Date
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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.