



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-25-2438

Carrier's Austin Representative

Box Number 15

DWC Date Received

June 3, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 7, 2024	Unspecified	\$76.79	\$0.00
December 4, 2024	Unspecified	\$18.99	\$0.00
December 5, 2024	Unspecified	\$242.75	\$0.00
January 30, 2025	Unspecified	\$224.83	\$224.83
Total		\$563.36	\$224.83

Requester's Position

"These documents are provided to support the dispute and demonstrate that appropriate billing and appeals processes have been followed ...

- DOS 11/07/24 – RX#941566 (paid \$65.52), RX#941567 (paid \$101.51), RX#941024 & RX#2068200 are still outstanding.
- DOS 12/4/24 \$57.80 – RX#942345 is still outstanding.
- DOS 12/5/24 \$242.75 – RX#92665 \$65.52, RX#942666 \$101.51, and RX#2068412 \$75.72 are all still outstanding.
- DOS 1/30/25 \$224.83 – RX#945177 \$65.52, RX#945178 \$101.51 and RX#2068842 \$57.80 are all still outstanding."

Amount in Dispute: \$563.36

Respondent's Position

"A payment of \$57.80 / \$14.99 for DOS 11/07/2024 was issued on 06/23/2025. A payment of \$14.99 for DOS 12/04/2024 was issued 06/23/2025. A payment of \$177.23 / \$65.52 for DOS 12/05/2024 was issued on 06/23/2025. For DOS 01/30/2025, there is no additional allowance.

Response Submitted by: ESIS

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 §133.305](#) sets out the procedures for resolving medical disputes.
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 services.

Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- TX08 – Denied pending medical documentation/per statute medical records must accompany bill
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service
- Note-1 – "Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0;"
- US10 – Claim is under investigation
- CIQ377 – Additional recommendation is based upon additional supporting documentation received.
- Note-1 – "Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0, Additional recommended allowance of \$57.80 is being made based upon additional supporting documentation received"
- 341 – The billed amount for drug or supply exceeds Medispan allowance
- 388 – The NDC code billed is for an Over the Counter (OTC) drug and as such does not warrant a dispensing fee.
- ANSIP12 – P12 – Workers compensation jurisdictional fee schedule adjustment.

- Note-1 – “Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0, Additional recommended allowance of \$14.99 is being made based upon additional supporting documentation received”
- Note-1 – “CYCLOBENZAPR TAB 10MG Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0; Additional recommended allowance of \$65.52 is being made based upon additional supporting documentation received”
- Note-1 – “Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0, Additional recommended allowance of \$75.72 is being made based upon additional supporting documentation received”
- Note-2 – “NAPROXEN TAB 500MG (PRx) Previous gross recommended payment amount on line: \$0; Previous recommended payment amount on line: \$0, Additional recommended allowance of \$101.51 is being made based upon additional supporting documentation received”

Issues

1. What are the services considered in this dispute?
2. Is the insurance carrier’s denial of payment for date of service January 30, 2025, based on the extent of the compensable injury supported?
3. Is TrustRX Pharmacy entitled to reimbursement for date of service January 30, 2025?

Findings

1. TrustRX submitted a medical fee dispute for drugs dispensed on dates of service November 7, 2024, through January 30, 2025, in accordance with 28 TAC §133.307. After subsequent payment by the insurance carrier with submitted explanations of benefits dated June 17, 2025, TrustRX stated that they are continuing this dispute for unpaid drugs dispensed on date of service January 30, 2025. These are the services considered in this dispute.
2. The insurance carrier denied payment for drugs dispensed on date of service January 30, 2025, stating, “Claim is under investigation.” 28 TAC §§133.305(b) and 133.307(c)(1)(B)(i) state that a dispute regarding extent of injury must be resolved prior to a request for medical fee dispute.

Per 28 TAC §133.307(d)(2)(H), the respondent is required to attach a copy of any related Plain Language Notice (PLN) if the medical fee dispute involves extent of injury.

Review of the submitted documentation finds that the respondent failed to attach a copy of a related PLN on behalf of the insurance carrier to support a denial based on the extent of the compensable injury. Therefore, this denial reason is not supported.

3. Because the insurance carrier failed to support its continued denial of payment for drugs dispensed on January 30, 2025, DWC finds that TrustRX is entitled to reimbursement.

The reimbursement considered in this dispute is calculated according to 28 TAC §134.503(c)(1)(A), with relevant formula for generic drugs: ((AWP per unit) x (number of units))

x 1.25) + \$4.00 dispensing fee per prescription = reimbursement amount.

- Naproxen 500 mg tablets: $(1.3002 \times 60 \times 1.25) + \$4.00 = \$101.52$
- Hydrocodone/APAP 10-325 mg tablets: $(0.9564 \times 45 \times 1.25) + \$4.00 = \$57.80$
- Cyclobenzaprine 10 mg tablets: $(1.6405 \times 30 \times 1.25) + \$4.00 = \$65.52$

The total allowable reimbursement is \$224.84. TrustRX is seeking \$224.83. 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 of \$224.83 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Indemnity Insurance Co of North America must remit to TrustRX Pharmacy \$224.83 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

October 29, 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. 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.

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.