



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Lubbock County

MFDR Tracking Number

M4-25-2450-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

June 4, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|------------|
| September 21, 2024 | Left blank | \$798.21 | \$798.20 |
| October 14, 2024 | Left blank | \$798.21 | \$798.20 |
| December 12, 2024 | Left blank | \$798.21 | \$798.20 |
| | | \$2,394.63 | \$2,394.60 |

Requester's Position

"...DOS 09/12/2024 \$798.21 – RX # 4027768 Prior authorization was sent with appeal and still denied...."

Amount in Dispute: \$2,394.63

Respondent's Position

The Austin carrier representative for Lubbock County is JI Specialty Services. The representative was notified of this medical fee dispute on June 5, 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 §134.503](#) sets out the fee guidelines for pharmacy services.
3. [28 TAC 134.530](#) sets out the prior authorization requirements of medications.

Denial Reasons

- HE70 – Product/Service Not Covered
- STXN – Texas invoice number is missing
- (Illegible) – F005 – Mixed bill
- (Illegible) – F005 – Deny for lack of supporting Medical Documentation
- 60(B13) – The provider has billed for the exact services on a previous bill.

Issues

1. What services are in dispute?
2. What rule(s) are applicable to reimbursement?
3. Is the requester entitled to reimbursement?

Findings

1. The requester did not complete the Table of Disputed Services, specifically the treatment/services in dispute on the DWC060 Medical Fee Dispute Resolution Request. Review of the submitted documentation found a pharmacy prescription bill for (Lyrica 75mg for dates of service September 12, 2024, October 14, 2024 and December 12, 2024) with corresponding explanation of benefits from the insurance carrier. These services will be reviewed per the DWC fee guidelines.
2. DWC Rule 28 TAC §134.530 (b) (A) states, Preauthorization for claims subject to the division's closed formulary. Preauthorization is only required for: 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.

Review of the applicable Appendix A found the medication Lyrica (generic name Pregabalin) is considered a "N" drug.

The information provided by the requester indicates that Sedgwick authorized a prescription for Lyrica 75 mg capsules, quantity 60, with two refills. The authorization period is from September 16, 2024, to December 16, 2024. The respondent did not submit a position statement to support their denial, despite the services being previously authorized. Based on the available information, the disputed services will be reviewed in accordance with the applicable fee guidelines.

DWC Rule 28 TAC §134.503 (c) (1) (A)(B)(C) states in pertinent part, the insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs, the lesser of 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 or the billed amount.

- Brand Name drugs: $(AWP \text{ per unit}) \times (\text{number of units}) \times 1.25 + \4.00 dispensing fee per prescription = reimbursement amount.

The calculation of the total allowable amount is as follows:

| Drug Name | NDC No. | Generic (G) Brand (B) | Price/Unit | AWP | Billed Amount | Lesser of AWP and Billed Amount |
|-----------|-------------|--------------------------|------------|----------|---------------|---------------------------------|
| Lyrica | 00071101468 | B | \$12.14/60 | \$798.20 | \$798.21 | \$798.20 |

3. The DWC finds that the requester is entitled to reimbursement in the amount of \$2,394.60. 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 TrustRX Pharmacy has established that additional reimbursement of \$2,394.60 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 Lubbock County must remit to

TrustRX Pharmacy \$2,394.60 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

August 25, 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 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.