



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-25-2499-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

June 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 11, 2024 [July 17, 2024]	Prescription Medication	\$66.61	\$4.00
August 15, 2024	Prescription Medication	\$66.61	\$4.00
September 12, 2024	Prescription Medication	\$54.31	\$0.00
		\$187.53	\$8.00

Requester's Position

"DOS 07/17/24 – These medications have been paid prior and after this date of service. DOS 08/15/24 – These medications have been paid prior and after this date of service. DOS 09/12/24 – These medications have been paid prior and after this date of service."

Supplemental response July 7, 2025

"Trustrx has received payment but not for the full disputed amount. Trustrx still has an outstanding balance for the dates of service filed."

Amount in Dispute: \$187.53

Respondent's Position

"Upon receipt of the MDR requested, the bills were sent for reconsideration. A payment of \$60.40 for DOS 07/17/2024 (please make note the provider had a typo in their submission of 07/11, rather than 07/17) was issued on 06/24/2025. A payment of \$60.40 for DOS 08/15/2024 was issued 06/24/2025. A payment of \$54.31 for DOS 09/12/2024 was issued on 06/24/2025."

Response submitted by: ESIS

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

- 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.
- ANSI91 – Dispensing fee adjustment
- ANSIP12 – Workers compensation jurisdictional fee schedule adjustment.
- C1Q377 – Additional recommendation is based upon additional supporting documentation received.
- E328 – Rush Bill
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title.
- Note -1 – Previous gross recommended payment amount on line: \$0.; ...Additional recommended allowance of \$54.31 is being made based upon additional supporting documentation received.
- Note -2 – Previous gross recommended payment amount on line: \$0; ...Additional recommended allowance of \$6.09 is being made based upon additional supporting documentation received.
- W-12 – Charge unrelated to the compensable injury.

- 18 – Duplicate claim/service
- 3 – Not approved provider

Issues

1. Did the insurance carrier maintain their denial?
2. Did the insurance carrier submit sufficient documentation to support the reduction of payment citing dispensing fee adjustment?
3. What rule is applicable to reimbursement?
4. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement of the following medications.
 - July 11 [July 17], 2024 – Mapap \$12.30, Gabapentin \$54.31
 - August 15, 2024 – Mapap \$12.30, Gabapentin \$54.31
 - September 12, 2024 – Gabapentin \$54.31

For the date of service July 17, 2024, the requester mistakenly listed July 11, 2024, on the Table of Disputed Services. The Division of Workers' Compensation (DWC) acknowledges this as a typographical error and notes that the requester is seeking payment for the service provided on July 11, 2024. Accordingly, this date of service has been reviewed in the current dispute.

Initially, the insurance carrier denied the claims, stating that the charge was unrelated to the compensable injury and that the provider was not authorized. However, these denials were not upheld following the submission of the medical fee dispute resolution request. On June 24, 2025, the insurance carrier agreed to a payment of \$175.11. The requester now seeks payment of the remaining balance and has chosen to proceed with the Medical Fee Dispute Resolution (MFDR) process.

2. The insurance carrier issued partial payments for the disputed medications and reduced the amount by applying a dispensing fee adjustment. However, the documentation submitted for review was insufficient to justify this payment reduction. Additionally, the carrier did not provide any supporting documentation to validate this reduction. Therefore, the DWC determines that the insurance carrier's payment reduction is unsupported. Consequently, the requester is entitled to additional reimbursement for the disputed medications.
3. The service in dispute will be reviewed per the applicable fee guidelines. 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.
 - Generic drugs: $(AWP \text{ per unit}) \times (\text{number of units}) \times 1.25 + \$4.00 \text{ dispensing fee per prescription} = \text{reimbursement amount.}$

The calculation of the total allowable amount is as follows:

Drug Name	NDC No.	Generic (G) Brand (B)	Units	Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
Mapap	00904672060	G	90	0.05	\$10.09	\$12.30	\$10.09
Gabapentin	69367034405	G	30	1.34	\$54.32	\$54.31	\$54.31
Gabapentin	65162010250	G	30	1.34	\$54.32	\$54.31	\$54.31

4. The total MAR for July 17, 2024 and August 15, 2024 is \$10.09 + \$54.31 = \$64.40. The insurance carrier paid \$60.40. An additional payment of \$8.00 is due for these dates of service as the insurance carrier's denial for OTC not eligible for dispensing fee is not supported by applicable DWC fee guideline.

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 Old Republic Insurance Co must remit to Trustrx Pharmacy \$8.00 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

Date

August 11, 2025

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.