



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Safety National Casualty Corp.

MFDR Tracking Number

M4-25-2687-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

June 25, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 26, 2024	Qulipta NDC 00074709430	\$1,433.10	\$0.00

Requester's Position

"Attached to this submission are copies of the original bills, corresponding Explanation of Benefits (EOBs) reflecting denials, and the reconsideration requests with their respective responses. These documents are provided to support the dispute and demonstrate that appropriate billing and appeals processes have been followed."

Amount in Dispute: \$1,433.10

Respondent's Position

"Please find attached our payment for this MDR made per the Reconsideration that was sent in for this bill in December 2024."

Response Submitted by: CCMSI

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 197 – Precertification/authorization/notification absent.
- 18 – Duplicate Billing: Service previously paid, adjusted and paid, disallowed, or denied on prior claim form or multiple billing of service(s) billed on same date of service."
- 4121 – Preauthorization is required for drugs identified with a status of 'N' in the current edition of the "Official Disability Guidelines Treatment in Workers' Comp" (ODG)/Appendix A, "ODG Workers' Compensation Drug Formulary" and any updates.
- 18 – Exact duplicate claim/service
- 247 – A payment or denial has already been recommended for this service.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Did the insurance carrier maintain its denial of payment for the services in question?

Findings

1. TrustRX is seeking reimbursement for Qulipta dispensed on June 26, 2024. Per explanation of benefits dated December 17, 2024, the insurance carrier paid the requester in full. DWC concludes that the insurance carrier did not maintain its denial of payment and paid the services in full. No additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 25, 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 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.