



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-25-2904-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

July 15, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 30, 2024	Unspecified	\$3,520.12	\$3,520.12
January 29, 2025	Unspecified	\$3,520.12	\$3,520.12
February 25, 2025	Unspecified	\$2,494.62	\$2,494.62
March 27, 2025	Unspecified	\$2,494.62	\$2,494.62
Total		\$12,029.48	\$12,029.48

Requester's Position

"We are requesting the Division's review and resolution regarding non-payment/underpayment for prescription medications dispensed to the above-referenced injured worker for a **compensable work injury**.

"Despite timely submission of claims and attempts to resolve this directly with the insurance carrier, we have not received appropriate payment per Texas Fee Guidelines."

Amount in Dispute: \$12,029.48

Respondent's Position

The Austin carrier representative for Ace American Insurance Co. is Downs & Stanford PC. The representative was notified of this medical fee dispute on July 16, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 \(TLC\) §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.
2. [28 TAC §134.503](#) sets out the fee guidelines for pharmaceutical services.
3. 28 TAC [§134.530](#) and [§134.540](#) set out preauthorization requirements for pharmaceutical services.

Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

1. Is the insurance carrier's denial based on preauthorization supported?
2. Is TrustRX Pharmacy entitled to reimbursement for the drug in question?

Findings

1. TrustRX Pharmacy is seeking reimbursement for drugs dispensed from December 30, 2024, through March 27, 2025. Based on documentation presented, the disputed drug is Rizatriptan. The insurance carrier denied payment based on lack of preauthorization. Per 28 TAC §134.530(b)(1) and §134.540(b), preauthorization is only required for:
 - drugs identified with a status of "N" in the current edition of the ODG Appendix A;
 - any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;
 - any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and

- any investigational or experimental drug.

DWC finds that Rizatriptan 10 mg tablets is not identified with a status of "N" in the applicable edition of the ODG, *Appendix A*. Therefore, this drug does not require preauthorization for this reason.

The submitted documentation does not identify the disputed drug as a compound. Therefore, this drug does not require preauthorization for this reason.

The submitted documentation does not identify the disputed drug as experimental or investigational. Therefore, this drug does not require preauthorization for this reason.

DWC concludes that the insurance carrier's denial of payment of the disputed drug based on preauthorization is not supported.

2. Because the insurance carrier failed to support its denial reason for the service in this dispute, DWC finds that TrustRX Pharmacy 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.

- Rizatriptan, NDC 65862060012: $(46.88167 \times 60 \times 1.25) + \$4.00 = \$3,520.13$
- Rizatriptan, NDC 33342008841: $(33.20833 \times 60 \times 1.25) + \$4.00 = \$2,494.62$

The total allowable reimbursement is \$12,029.50. The requester is seeking \$12,029.48. 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 reimbursement of \$12,029.48 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 Ace American Insurance Co. must remit to TrustRX Pharmacy \$12,029.48 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.