



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

American Zurich Insurance Company

MFDR Tracking Number

M4-26-0232-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

September 22, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 28, 2025	Unspecified	\$991.74	\$991.74
February 24, 2025	Unspecified	\$991.74	\$991.74
March 25, 2025	Unspecified	\$991.74	\$991.74
April 21, 2025	Unspecified	\$991.74	\$991.74
May 19, 2025	Unspecified	\$991.74	\$9917.74
Total		\$4,958.70	\$4,958.70

Requester's Position

"This request is being submitted for Medical Fee Dispute Resolution regarding (injured worker) workers compensation claim. For the dates of service January 28, 2025 through May 19, 2025, AJOVY was dispensed and properly billed. Prior authorization was obtained and submitted to the carrier before filling the prescriptions, covering a total of 13 fills."

Supplemental response submitted November 19, 2025

"Please note that on 10/24/2025, the carrier reversed payment for all dates of service currently in dispute. As of today, no corrected or reissued payment has been received."

Amount In Dispute: \$4,958.70

Respondent's Position

"...on September 30, 2025, the carrier reprocessed the provider's medical bills. On the dates of service of January 28, 2025, March 25, 2025, April 21, 2025 and May 19, 2025, the carrier has recommended payment of \$991.74 for each date of service. On the February 24, 2025 date of service, the September 30, 2025 EOB recommended payment of \$662.49. Thus, the only remaining dispute is of the February 24, 2025 date of service in the dispute is the difference of \$329.25. However, the carrier is reprocessing the bill for the February 24, 2025 date of service to determine if any additional monies are owed. We will supplement this response when we have additional information."

Supplemental response submitted October 30, 2025

"Carrier has previously responded to this dispute on 10/08/25. We are attaching EOBs recommending payment for the dates of services 01/28/25, 02/24/2025, 03/25/2025, 04/21/2025 and 05/19/2025. The EOBs cover both the principal amount and interest."

Response Submitted By: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.503](#) sets out the fee guidelines for services provided by a pharmacy.

Adjustment Reasons

- @F (W3) – Additional payment made on appeal/reconsideration.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule is applicable to reimbursement?
3. Is the requester due reimbursement?

Findings

1. The requester is seeking reimbursement for the oral medication Ajovy for dates of service from January 2025 through May 2025. The Carrier denied the medical bills for lacking prior authorization. This denial was not maintained. After reconsideration and the request for MFDR, the carrier responded that the disputed charges were being paid in full. However, the information received only supports recommendation of payment. The respondent indicated on October 24, 2025 that payment has not been received. The remaining amount in dispute is \$4,958.70.
2. The applicable fee guidelines for pharmacy reimbursement is found in 28 TAC Section 134.503 (c)(1)(A)(B) which states in pertinent part,
 1. 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.
 - A. Generic drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;
 - B. Brand-name drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.09) + \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
Ajovy	51759020210	B	604.12/2	\$1320.98	\$991.74	\$991.74

3. The DWC finds that the requester is entitled to reimbursement in the amount of \$4,958.70. The carrier did not support payment of any amount; therefore, the requester is entitled to the amount of \$4,958.70.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the responent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that American Zurich Insurance Co must remit to TrustRX Pharmacy \$4,958.70 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	January 14, 2026
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 Section [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 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.