



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Technology Insurance Co

MFDR Tracking Number

M4-26-0433-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

October 14, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 24, 2024	Unspecified	\$1433.10	\$0.00
October 17, 2024	Unspecified	\$1433.10	\$1433.10
Total		\$2,866.20	\$1433.10

Requester's Position

"For the dates of service September 20, 2025[sic] and October 17, 2024, the medication Qulipta was dispensed and properly billed."

Amount In Dispute: \$2,866.20

Respondent's Position

The Austin carrier representative for Technology Insurance Co of North America is Downs Stanford PC. The representative was notified of this medical fee dispute on October 16, 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 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.
3. 28 TAC §§[134.530](#) and [134.540](#) set out the preauthorization requirements for pharmaceutical services.
4. TLC [408.021](#) sets out the guidelines for medical benefits.

Adjustment Reasons

- 9D – The charge for the Closed Formulary Drug requires Prior Authorization as defined within Texas Administrative Code Chapter 134, Section 134.530 and 134.540
- @G(W3) – No additional reimbursement allowed after review of appeal/reconsideration.
- VM(B13) – The provider as identified by their National Provider ID (NPI) has billed for the exact services on a previous bill.
- XD (29) – This bill was submitted after the billing timeliness guidelines provided.
- HE03 - Duplicate Paid/Captured Claim
- HE70 - Product/Service Not Covered

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the date of service September 30, 2024 eligible for MFDR?

3. Are the insurance carrier's denials supported?
4. What rule(s) are applicable to reimbursement?
5. Is the requester due reimbursement?

Findings

1. The requester is seeking reimbursement of the Medication Qulipta for dates of service September 20, 2024 and October 17, 2024. The Carrier denied the medical bill stating the service was not covered, duplicate, and for lacking prior authorization. The amount in dispute is \$2,866.20.
2. The date of service September 20, 2024 listed on the DWC060 was received by the division on October 14, 2025 and is not eligible for MFDR consideration based on the following. 28 TAC Section 133.307(c)(1)(A) states,
 - (1) Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.
 - (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

Insufficient evidence was found to support an exception to the applicable rule. Date of service September 20, 2024 will not be considered in this review.

3. Texas Labor Code (TLC) Section 408.021 applies to the injured employee's entitlement to the disputed medical benefits, which states in pertinent part, "ENTITLEMENT TO MEDICAL BENEFITS.
 - (a) An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:
 - (1) Cures or relieves the effects naturally resulting from the compensable injury;
 - (2) Promotes recovery; or
 - (3) Enhances the ability of the employee to return to or retain employment.
 - (b) Medical benefits are payable from the date of the compensable injury.
 - (d) An insurance carrier's liability for medical benefits may not be limited or terminated by agreement or settlement.

TLC § 401.011(19) defines "Health Care" and states in part, ". . . includes all reasonable and necessary medical aid, medical examinations, medical treatment, medical diagnoses, medical evaluations, and medical services."

DWC finds insufficient evidence was found to support the denial as non-covered service.

28 TAC Section 134.530 (b)(1)(A) states, Preauthorization for claims subject to the division's closed formulary.

(1) Preauthorization is only required for:

(A) 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 Qulipta is listed as a "N" drug.

The documentation submitted with this request for MFDR contained a recommendation of certification with prior auth number 7706289 for 2 refills of Qulipta. The approval start date was August 15, 2024 and the end dated was February 15, 2025. Insufficient evidence was found to indicate this authorization was exceeded. The denial for lack of prior authorization is not supported.

The denial for duplicate and past timely filing are also not supported. The service in dispute will be reviewed per the applicable fee guidelines.

4. 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.

(A) Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand-name drugs: $((\text{AWP 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
Qulipta	00074709430	B	43.70/30	\$1433.10	\$1433.10	\$1,433.10

5. The DWC finds that the requester is entitled to reimbursement in the amount of \$1,433.10.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent 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 Technology Insurance Co must remit to TrustRX \$1,433.10 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

_____	_____	January 20, 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.