



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Ace American Insurance Company

MFDR Tracking Number

M4-26-1028-01

Insurance Carrier's Austin Representative

BOX 15 Downs Stanford PC

DWC Date Received

December 8, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 10, 2024	Gabapentin – NDC 70010-0108-10	\$25.36	\$25.36
January 10, 2025	Cooling Pain – NDC 700000-0618-01	\$18.99	\$18.99
January 10, 2025	Cyclobenzaprine – NDC 10702-0006-10	\$68.60	\$68.60
January 10, 2025	Gabapentin – NDC 70010-0108-10	\$25.36	\$25.36
March 20, 2025	Gabapentin – NDC 16714-0661-01	\$23.95	\$23.95
March 20, 2025	Meloxicam – NDC 29300-0125-10	\$185.69	\$185.69
April 17, 2025	Gabapentin – NDC 16714-0661-01	\$23.95	\$23.95
May 14, 2025	Biofreeze – NDC 599316-0102-12	\$13.95	\$13.95
May 14, 2025	Gabapentin – NDC 50228-0179-10	\$24.00	\$24.00
June 11, 2025	Biofreeze – NDC 59316-0102-12	\$13.95	\$13.95

June 11, 2025	Gabapentin – NDC 70010-0926-10	\$25.36	\$25.36
Total		\$435.21	\$435.21

Requester's Position

“All medications listed above have been historically reimbursed by the carrier before and after the disputed dates. These prescriptions are for the accepted compensable injury, medically necessary, and fall under ODG “Y” status categories, meaning they do not require prior authorization. ...TrustRX Pharmacy submitted multiple valid reconsideration requests for each DOS, along with appropriate documentation. All were denied without proper justification.”

Amount In Dispute: \$435.21

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 December 10, 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 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 [133.10](#) sets out the requirements for a complete medical bill.
3. 28 TAC Section [133.210](#) sets out the requirements for medical bill processing by insurance carrier.
4. 28 TAC Section [134.503](#) sets out the fee guidelines for services provided by a pharmacy.
5. 28 TAC Section [124.2](#) sets our required notification guidelines.

Adjustment Reasons

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- 2/3 – Bill is denied; invalid / missing healthcare provider license number. Please re-submit with appropriate license number for review.
- 18 – Duplicate claim/service.
- W-12/3 – Charge unrelated to the compensable injury.
- 219 – Based on extent of injury.
- 2 – Entitlement to benefits.
- 251 – The attachment/other documentation content received did not content required to process this claim or service.
- DAW – Days' Supply and Prescription Line# are required to be billed on pharmacy bills. Please re-submit with all appropriate information.
- P12 – Workers compensation jurisdictional fee schedule adjustment.
- 4 – Denied pending medical documentation/per statute medical records must accompany bill.
- Brand name drug replaced with generic equivalent based on Fee Schedule guidelines.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the respondent support the relatedness/extent denial?
3. Are the denials for lack of information supported?
4. Did the insurance carrier support a request was made for additional documentation?
5. What rule is applicable to reimbursement?
6. Has DWC determined whether reimbursement is due?

Findings

1. The requester is seeking reimbursement of medications with dates of service from December 12, 2024 through June 11, 2025 in the amount of \$435.21. The insurance carrier denied for multiple reasons discussed below. The insurance carrier did not respond to this request for MFDR to support the denials listed on the explanation of benefits.
2. 28 TAC Section 133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

28 TAC Section 124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain

sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule Section 133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule 28 TAC Section 124.2.

The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution.

Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

3. 28 TAC 133.10(3) The following data content or data elements are required for a **complete pharmacy medical bill** related to Texas workers' compensation health care:
 - (A) dispensing pharmacy's name and address (DWC-066/field 1) is required;
 - (B) date of billing (DWC-066/field 2) is required;
 - (C) dispensing pharmacy's National Provider Identification (NPI) number (DWC-066/field 3) is required;
 - (D) billing pharmacy's or pharmacy processing agent's name and address (DWC-066/field 4) is required when different from the dispensing pharmacy (DWC-066/field 1);
 - (E) invoice number (DWC-066/field 5) is required;
 - (F) payee's federal employer identification number (DWC-066/field 6) is required;
 - (G) insurance carrier's name (DWC-066/field 7) is required;
 - (H) employer's name and address (DWC-066/field 8) is required;
 - (I) injured employee's name and address (DWC-066/field 9) is required;
 - (J) injured employee's Social Security number (DWC-066/field 10) is required;
 - (K) date of injury (DWC-066/field 11) is required;
 - (L) injured employee's date of birth (DWC-066/field 12) is required;
 - (M) prescribing doctor's name and address (DWC-066/field 13) is required;
 - (N) prescribing doctor's NPI number (DWC-066/field 14) is required;
 - (O) workers' compensation claim number assigned by the insurance carrier (DWC-066/field 15) is required when known; the billing provider must leave the field blank if the workers' compensation claim number is not known by the billing provider;
 - (P) dispensed as written code (DWC-066/field 19) is required;
 - (Q) date filled (DWC-066/field 20) is required;
 - (R) generic National Drug Code (NDC) code (DWC-066/field 21) is required when a generic drug was dispensed or if dispensed as written code '2' is reported in DWC-066/field 19;
 - (S) name brand NDC code (DWC-066/field 22) is required when a name brand drug is

- dispensed;
- (T) quantity (DWC-066/field 23) is required;
- (U) days supply (DWC-066/field 24) is required;
- (V) amount paid by the injured employee (DWC-066/field 26) is required if applicable;
- (W) drug name and strength (DWC-066/field 27) is required;
- (X) prescription number (DWC-066/field 28) is required;
- (Y) amount billed (DWC-066/field 29) is required;

The insurance carrier's denial based on a lack of provider license is not supported by the applicable rule. Similarly, the denial for an incomplete days' supply is unsupported. Upon review of the submitted medical bills, DWC confirmed that field 24 was fully completed.

4. 28 TAC Section 133.210(d) states, Any request by the insurance carrier for additional documentation to process a medical bill shall:
 - (1) be in writing;
 - (2) be specific to the bill or the bill's related episode of care;
 - (3) describe with specificity the clinical and other information to be included in the response;
 - (4) be relevant and necessary for the resolution of the bill;
 - (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
 - (6) indicate the specific reason for which the insurance carrier is requesting the information; and
 - (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation.

A review of the available information found insufficient evidence that a request for additional documentation was made in accordance with the rule cited above. Additionally, the insurance carrier did not respond to the MFDR request to demonstrate that such a request was submitted as required. Therefore, this denial is not supported.

5. 28 TAC Section 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: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.25) + \$4.00 \text{ dispensing fee per prescription} = \text{reimbursement amount};$
 - (B) Brand-name drugs: $((AWP \text{ per unit}) \times (\text{number of units}) \times 1.09) + \$4.00 \text{ dispensing fee per prescription} = \text{reimbursement amount};$

The calculation of the total allowable amount is as follows:

Drug Name	NDC No.	Generic (G) Brand (B)	Price/Unit	AWP	Billed Amount	Lesser of AWP and Billed Amount
Gabapentin	70010010810	G	0.569/30	\$25.37	\$25.36	\$25.36
Gabapentin	16714066101	G	0.53/30	\$23.95	\$23.95	\$23.95
Cooling Pain	70000061801	G	0.13/89	\$18.99	\$18.99	\$18.99
Cyclobenzaprine	10702000610	G	1.72/30	\$68.60	\$68.60	\$68.60
Meloxicam	29300012510	G	4.84/30	\$185.69	\$185.69	\$185.69
Biofreeze	59316010212	G	0.102/89	\$13.95	\$13.95	\$13.95
Gabapentin	50228017910	G	0.53/30	\$24.00	\$24.00	\$24.00

6. The total MAR for the services in dispute is \$449.16. The requester indicates the amount requested is \$435.21. This amount is recommended.

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 Ace American Insurance Co must remit to TrustRX Pharmacy \$435.21 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 4, 2026

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.