



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

TrustRX

**Respondent Name**

AIU Insurance Co

**MFDR Tracking Number**

M4-26-1560-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

January 30, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 22, 2025	Duloxetine NDC 27241009706	\$195.98	\$101.98
<b>Total</b>		\$195.98	\$101.98

### Requester's Position

"The total billed amount for this date of service was \$266.24. The carrier, Gallagher Bassett Services, issued a partial payment of \$164.46 on 06/24/25, leaving an outstanding balance of \$101.98 still owed to Trustrx."

**Amount In Dispute:** \$195.98

### Respondent's Position

"The Carrier's position remains the same. The Provider is been paid \$164.48. The Provider is not entitled to any additional reimbursement."

**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

The explanation of benefits submitted does not indicate any reduction reasons.

### Issues

1. What is DWC considering in this medical fee dispute?
2. What rule is specific to reimbursement of medication?
3. Has DWC determined whether additional reimbursement is due?

### Findings

1. The requester is seeking additional reimbursement in the amount of \$195.98 (as listed on the DWC60) for the medication Duloxetine dispensed May 22, 2025.
2. The insurance carrier's MYMATRIX Remittance Advice dated June 16, 2025 did not contain the reason for the reduction in payment nor did the respondent submit information to support the reduction made. The disputed service is reviewed pursuant to the applicable rules and guidelines.

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:  $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \$4.00$  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
Duloxetine	27241009706	G	6.998/30	\$266.44	\$266.44	\$266.44

- Review of the information available at the time of this review found the MAR for the medication in dispute is \$266.44. The insurance carrier supports payment of \$164.46. DWC finds the requester is due the difference between the MAR of \$266.44 and \$164.46 payment of \$101.98.

### 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 additional reimbursement is due.

### **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that AIU Insurance must remit to TrustRX pharmacy \$101.98 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	February 26, 2026 Date
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### **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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).