



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

TASB Risk Mgmt Fund

MFDR Tracking Number

M4-26-1637-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

February 9, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 21, 2025	Celecoxib – NDC 50228-0158-05	\$288.30	\$288.30
Total		\$288.30	\$288.30

Requester's Position

"Trustrx has filed a Medical Fee Dispute for the following Dates of Service: DOS 05/21/2025 \$288.30 for non-payment."

Amount In Dispute: \$288.30

Respondent's Position

"The medication provided is an N drug and requires preauthorization, no preauthorization was requested."

Response Submitted By: TASB Risk Fund

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 Sections [134.530](#) and [134.540](#) set out the preauthorization requirements for pharmaceutical services.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the respondent's position supported?
3. What rule is applicable to reimbursement?
4. Is the requester entitled to reimbursement for the medication in dispute?

Findings

1. The requester is seeking reimbursement for the medication Celecoxib dispensed on May 21, 2025 in the amount of \$288.30. The insurance carrier did not submit any explanation of benefits but did respond to MFDR by stating the disputed medication required prior authorization.
2. The respondent indicated that the medication in dispute is a N drug. 28 TAC Section 134.530(b)(1)(A-C) 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;
- (B) any prescription drug created through compounding; and
- (C) any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, but that is not yet broadly accepted as the prevailing standard of care as defined in Labor Code

§413.014(a).

Upon reviewing Appendix A for May 2025, the disputed medication, Celecoxib, is classified as a Y drug. The respondent's position lacks supporting evidence. The requester is therefore entitled to reimbursement for the medication in dispute.

3. 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
Celecoxib	50228015805	G	7.58/30	\$288.30	\$288.30	\$288.30

4. Based on the information available at the time of this review, DWC finds the MAR for the Celecoxib dispensed on May 21, 2025 is \$288.30. 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 TASB Risk Management Fund must remit to TrustRX Pharmacy \$288.30 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 27, 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.