TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRx Pharmacy

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-26-1826-01

Insurance Carrier's Austin Representative

BOX 44 White Espey PLLC

DWC Date Received

February 24, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2025	Gabapentin NDC 23155-0867-10	$53.90	$53.90
March 26, 2025	MAPAP NDC 00904-6720-60	$12.30	$10.09
March 26, 2025	Gabapentin NDC 23155-0867-10	$53.90	$53.90
April 22, 2025	Gabapentin NDC 23155-0867-10	$53.90	$53.90
April 24, 2025	APAP/COD#3 NDC 00406-0484-01	$57.50	$57.50
April 24, 2025	Duloxetine NDC 68180-0294-07	$266.44	$266.44
	Total	$497.94	$495.73

Requester's Position

"The disputed services were denied for 'provider not authorized', but Trustrx Pharmacy has been consistently providing and receiving payment for medically necessary prescriptions on this claim since June 06,2024 without issue… We respectfully request review and reversal of the denial, as the services were rendered in good faith, within the scope of our prior relationship with the carrier, and without any prior dispute or notice of non-authorization."

Amount In Dispute: $497.94

Respondent's Position

The Austin carrier representative for Old Republic Insurance Co. is White Espey PLLC The representative was notified of this medical fee dispute on February 26, 2026.

Per 28 Texas Administrative Code Section 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 134.503 sets out the fee guidelines for services provided by a pharmacy.
3. Labor Code Section 408.021 sets out the general provisions for entitlement to workers' compensation benefits.
4. Texas Insurance Code Chapter 1305 sets out the general provisions for workers' compensation health care networks.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.
2. NOT APPROVED PROVIDER
3. CHARGE UNRELATED TO THE COMPENSABLE INJURY (*for date of service April 24, 2025, only*)

Issues

1. What is DWC considering in this medical fee dispute?

2. Is the disputed date of service, April 24, 2025, eligible for medical fee dispute resolution (MFDR) review?

3. What rules apply to the services in dispute?

4. Is the insurance carrier's denial based on provider not approved/eligible supported?

5. Is the requester entitled to reimbursement?

Findings

1. This MFDR request involves pharmacy claim denials on four dates of service. The requester, TrustRx Pharmacy, is seeking reimbursement in the total amount of $497.94.

   The insurance carrier representative has not responded to this MFDR request as of the date of this review. DWC will review the submitted documentation to determine the requester's eligibility for reimbursement of the disputed services in accordance with DWC Statutes and Rules.

2. A review of the submitted explanation of benefits (EOB) documents submitted finds that the disputed date of service, April 24, 2025, was denied payment by the insurance carrier in part due to "charge unrelated to the compensable injury."

   28 TAC Section 133.305(b) states, "Dispute Sequence. If a dispute regarding compensability, extent of injury, liability, or medical necessity exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability, or medical necessity shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and §408.021."

   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 Section 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 compensability or extent of injury using plain language notices (PLN) 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."

A review of the submitted documentation 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 Section 124.2. The insurance carrier's denial reason is therefore not supported. DWC concludes that based on submitted documentation, there are no outstanding issues of compensability, extent, or liability for the injury.

DWC finds that the disputed date of service, April 24, 2025, is eligible for review by MFDR.

3. DWC finds that Rule 28 TAC Section 134.503(c) applies to reimbursement of the services in dispute and states in pertinent part that 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:

    • Generic drugs: ((AWP per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

4. A review of the submitted EOBs finds that the medications were denied because the provider was not authorized to provide the service. This denial reason could indicate either a health care network denial or a lack of preauthorization for the disputed medications.

    Regarding a health care network denial, prescription medication may not, directly or through a contract, be delivered through a workers' compensation health care network.

    Texas Insurance Code Section 1305.101 (c) states, "(c) Notwithstanding any other provision of this chapter, prescription medication or services, as defined by Section 401.011(19)(E), Labor Code, may not, directly or through a contract, be delivered through a workers' compensation health care network. Prescription medication and services shall be reimbursed as provided by Section 408.0281, Labor Code, other provisions of the Texas Workers' Compensation Act, and applicable rules of the commissioner of workers' compensation."

    DWC concludes that the disputed prescription medications dispensed by the provider are not subject to the provisions of a workers' compensation health care network.

    Regarding a lack of preauthorization denial, per 28 TAC Section 134.530 (b)(1) and Section 134.540 (b), preauthorization is only required for:

    - drugs identified with a status of "N" in the current edition of the ODG Appendix A;
    - any compound prescribed before July 1, 2018, that contains a drug identified with a status of "N" in the current edition of the ODG Appendix A;
    - any prescription drug created through compounding prescribed and dispensed on or after July 1, 2018; and
    - any investigational or experimental drug.

DWC finds that the drugs in question were not identified with a status of "N" in the applicable edition of the ODG, *Appendix A* for any of the dates of service reviewed in this dispute. Therefore, these drugs did not require preauthorization for this reason.

The submitted documentation does not support that the disputed drugs were a compound. Therefore, these drugs did not require preauthorization for this reason.

The submitted documentation does not support that the disputed drugs were experimental or investigational. Therefore, these drugs did not require preauthorization for this reason.

DWC concludes that the insurance carrier's denial of payment of the disputed drugs based on preauthorization is not supported for the dates of service in question.

DWC finds that the insurance carrier's denial reason(s) are not supported. Therefore, the requester is entitled to reimbursement for the medications rendered on February 27, 2025, March 26, 2025, April 22, 2025, and April 24, 2025.

5. The requester is seeking reimbursement in the total amount of $497.94 for drugs dispensed on February 27, 2025, March 26, 2025, April 22, 2025, and April 24, 2025. Because the insurance carrier failed to support its denial reason(s) for payment of these medications, DWC will adjudicate for the maximum allowable reimbursement (MAR) for the disputed medications in accordance with 28 TAC Section 134.503(c) using the following formula:

   Generic drugs: ((AWP per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount

Drug	Number Units Dispensed	NDC	Generic (G)/ Brand (B)	Price/Unit	AWP Formula	Billed Amount	Lesser of AWP and Billed Amount
Gabapentin Cap 300 MG	30	23155086710	G	$1.33070	$53.90	$53.90	$53.90
MAPAP (acetaminophen extra strength) TAB 500mg	90	00904672060	G	$0.05410	$10.09	$12.30	$10.09
APAP/COD #3 (Acetaminophen w/ Codeine Tab 300-30 MG)	30	00406048401	G	$1.42670	$57.50	$57.50	$57.50
Duloxetine HCl Enteric Coated Pellets Cap 20 MG	30	68180029407	G	$6.99833	$266.44	$266.44	$266.44

The MAR for each disputed date of service is as follows:

- February 27, 2025, for Gabapentin x 30 units MAR = $53.90
- March 26, 2025, for MPAP x 90 units MAR = $10.09
- March 26, 2025, for Gabapentin x 30 units MAR = $53.90
- April 22, 2025, for Gabapentin x 30 units MAR = $53.90
- April 24, 2025, for APAP/COD #3 x 30 units MAR = $57.50
- April 24, 2025, for Duloxetine x 30 units MAR = $266.44
- Total MAR amount for disputed dates of service indicated above, February 27, 2025, through April 24, 2025, is $495.73. This amount is recommended.

DWC finds that the requester is entitled to reimbursement in the total amount of $495.73 for the disputed drugs dispensed on dates of service February 27, 2025, March 26, 2025, April 22, 2025, and April 24, 2025.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 Old Republic Insurance Co. must remit to TrustRx Pharmacy $495.73 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	May 28, 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 electronico CompConnection@tdi.texas.gov.