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

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-26-1896-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 5, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 17, 2025	Omeprazole-NDC 16714-0123-02	$281.32	$281.32
March 17, 2025	Duloxetine-NDC 68180-0294-07	$266.44	$266.44
March 17, 2025	Naproxen-NDC 50228-04360-01	$42.00	$42.00
April 14, 2025	Omeprazole-NDC 16714-0123-02	$281.32	$281.32
April 14, 2025	Duloxetine-NDC 6 8180-0294-07	$266.44	$266.44
April 14, 2025	Naproxen-NDC 68462-0190-01	$43.83	$43.83
	Total	$1,181.35	$1,181.35

Requester's Position

"TrustRX Pharmacy properly submitted the above bills to the carrier. After receiving no payment or incomplete payment, TrustRx submitted resubmissions and reconsideration request for the outstanding balances. To date, TrustRx has not received a response or proper reimbursement for the unpaid and underpaid medications."

Amount In Dispute: $1,181.35

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 6, 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. Texas Insurance Code Chapter 1305 sets out the general provisions for workers' compensation health care networks.
4. Texas Labor Code Section 408.0281 sets out reimbursement for pharmaceutical services administrative violation.
5. 28 TAC Section 124 sets out insurance carriers required notices and modes of payments.
6. Texas Labor Code Section 401.011 defines terms in Texas Workers' Compensation Act.

Adjustment Reasons

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

- A1 – Claim/service denied. Medication not related to covered injury.
- P24 – This bill has been reviewed with state certified databases including WHA information center and/or FairHealth, or proprietary charge and reimbursement data.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- N30 – Patient ineligible for this service.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier support relatedness denials?
3. Is the reduction taken by the insurance carrier supported?
4. What rule is applicable to reimbursement?
5. Has DWC determined whether the requester is due reimbursement?

Findings

1. The requester is seeking full reimbursement of the medications Omeprazole and Duloxetine and additional reimbursement for the medication Naproxen for services in March and April of 2025 in the amount of $1,181.35. DWC will consider the reduction and denial of these charges per the applicable fee guidelines.
2. The medications Omeprazole and Duloxetine were denied as medication not related to covered injury. The rule that applies to relatedness denials is 28 TAC Section 133.307(d)(2)(H) which 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 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 Section 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. The insurance carrier reduced reimbursement for the disputed drug Naproxen, with reduction code P24 stating "This bill has been reviewed with state certified databases including WHA information center and/or FairHealth, or proprietary charge and reimbursement data…."

   Texas Insurance Code Sec 1305.101, titled *Providing or Arranging for Health Care,* states in relevant part, "(c) Notwithstanding any other provision of this chapter, prescription medication or services, as defined by Texas Labor Code 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."

   The division finds that the disputed prescription medications dispensed by the provider may not, directly or through a contract, be delivered through a workers' compensation health care network. The insurance carrier's reduction of payment for this reason is not supported. Because the insurance carrier failed to support its reduction of payment, the Maximum Allowable Reimbursement (MAR) will be calculated per applicable fee guideline.

4. 28 TAC Section 134.503(c)(1)(A)(B) 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 per unit) x (number of units) x 1.25) + $4.00 dispensing fee per prescription = reimbursement amount;

   (B) Brand-name drugs: ((AWP per unit) x (number of units) x 1.09) + $4.00 dispensing fee per prescription = reimbursement amount;

Medication	NDC #	(G)eneric (B)rand	AWP/Units	AWP	Billed Amount	Lesser of AWP and billed amount
Omeprazole	16714012302	G	7.395/30	$281.33	$281.32	$281.32
Duloxetine	68180029407	G	6.998/30	$266.44	$266.44	$266.44
Naproxen	50228043601	G	1.30/60	$101.52	$101.51	$101.51
Naproxen	68462019001	G	1.295/60	$101.13	$101.12	$101.12

5. Based on review of the available information at the time of this review, DWC find the requester is due the full Maximum Allowable Reimbursement (MAR) for the medications

Omeprazole and Duloxetine as the insurance carrier did not support their denial of non-related to work injury.
The reduction based on a contract was not supported and the requester is due additional reimbursement of the medication Naproxen.
The amount due is.

- Omeprazole $281.32 for dates of service March 17, 2025 and April 14, 2025. Total $562.64.
- Duloxetine $266.44 for dates of service March 17, 2025 and April 14, 2025. Total $532.88.
- Naproxen March 17, 2025 $101.51. Carrier paid $59.51. Additional $42.00 is due to the requester.
- Naproxen April 14, 2025 $101.12. Carrier paid $57.29. Additional $43.83 is due to the requester.
- Total due to the requester $1,181.35. This amount is recommended.

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 additional reimbursement for the disputed services. It is ordered that Safety National Casualty Corp must remit to TrustRX Pharmacy $1,181.35 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		June 12, 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 electronico CompConnection@tdi.texas.gov.