TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

TrustRX Pharmacy

Respondent Name

Hartford Underwriters Insurance Company

MFDR Tracking Number

M4-26-2330-01

Insurance Carrier's Austin Representative

BOX 47 Burns Anderson Jury Brenner & Donovan

DWC Date Received

April 20, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 3, 2025	Ubrelvy-00023-6501-16	$2274.35	$2274.35
December 3, 2025	Qulipta-0074-7094-30	$1504.55	$1504.55
December 31, 2025	Ubrelvy-00023-6501-10	$2274.37	$2274.37
December 31, 2025	Qulipta-00074-7094-30	$1504.55	$1504.55
January 7, 2025	Topiramate-68382-0138-05	$99.81	$99.81
	Total	$7657.63	$7657.63

Requester's Position

"This dispute arises from the repeated denial of properly submitted pharmacy claims despite inclusion of valid prior authorization documentation during reconsideration. All claims at issue were submitted clean and remain unpaid in violation of Texas prompt payment requirements."

Amount In Dispute: $7,657.63

Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted. …The bills were processed and denied as not authorized per adjuster's instructions."

Response Submitted By: The Hartford

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 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.
3. 28 TAC Section 134.503 sets out the fee guidelines for services provided by a pharmacy.
4. 28 TAC Sections 134.530 and 134.540 set out the preauthorization requirements for pharmaceutical services.

Adjustment Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the respondent raise a new issue?
3. Is the insurance carrier's denial for lack of prior authorization supported?
4. What rule is applicable to reimbursement?
5. Has DWC determined whether reimbursement is due?

Findings

1. The requester is seeking reimbursement of the medications Ubrelvy, Qulipta and Topiramate for dates of service in December of 2025 and January of 2026 in the amount of $7,657.63.

2. The respondent states in their position statement, "Per the adjuster (redacted diagnosis) were not a diagnosis accepted under the claim."

   DWC §133.307(d)(2)(F) states in pertinent part, "The responses shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review..."

   A review of the submitted EOB does not support a denial based upon extent. As a result, due to the insufficient documentation the DWC will proceed with the audit of the disputed charges.

3. The denial on the submitted explanation of benefits was for lack of prior authorization. 28 TAC 134.530(b)(1)(A) states, Preauthorization is only required for 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.

   Review of the applicable Appendix A found Ubrelvy, Qulipta and Topiramate are listed with s status of "N" thus prior authorization was required.

   The submitted documentation included the following,

   - Authorization # 9041155 for Qulipta 60mg and Ubrelvy 100mg with a start date of December 1, 2025 through June 1, 2026.

   - Authorization # 9154116 for Topiramate 25mg beginning January 5, 2026 through July 5, 2026.

   The submitted information supports the requester received prior authorization approval prior to the dispensing of the medications. The insurance carrier's denial is not supported.

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 number	Generic (G) Brand name (B)	AWP/Unit	AWP	Billed Amount	Lesser amount
Ubrelvy	00023650016	B	130.18/16	$2274.35	$2274.35	$2,274.35
Qulipta	00074709430	B	45.88/30	$1,504.55	$1504.55	$1,504.55
Ubrelvy	00023650110	B	130.18/16	$2274.37	$2274.37	$2,274.37
Topiramate	68382013805	G	2.55/30	$99.81	$99.81	$99.81

5. Based on the information available at the time of this review, DWC found the insurance carrier's position was not supported as explanation of benefits listed only a denial for lack of prior authorization and not extent of injury. The requester supported the required prior authorization of "N" drugs was obtained. The requester is due the amount of $7,657.63.

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 Hartford Underwriters Insurance must remit to TrustRX Pharmacy $7,657.63 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 8, 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.