



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jose Gilberto Dones
Vazquez

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-25-0866-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 16, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 11, 2024	99203	\$532.40	\$220.52

Requestor's Position

No position statement submitted with this request for MFDR.

Amount in Dispute: \$532.40

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 24, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §134.203](#) sets out the reimbursement guideline for professional medical services.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.600](#) sets out the requirements of prior authorization.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 193-3 – Precertification/notification/authorization/pre-treatment exceeded.
- N54 – Claim information is inconsistent with pre-certified/authorized services.
- P12-2 – Workers' compensation jurisdictional fee schedule adjustment.
- TX790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- XXG15 – Pricing is calculated based on the medical professional fee schedule value.
- XXU05 – The billed service exceeds the UR amount authorized.

Issues

1. Is Gallagher Bassets' denial based on authorized treatment exceeded supported?
2. What rule is applicable to reimbursement?
3. Is Jose Gilberto Dones Vazquez entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of Evaluation and Management code 99203 – "Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded," rendered in October of 2024. The insurance carrier denied the service stating services exceeded authorized treatment.

DWC Rule §134.600 details the requirements of prior authorization. Evaluation and management services are not services that require prior authorization. The insurance carrier did not submit documentation to support the service had received utilization review, pre-certification or authorization nor did they submit a position statement to explain their denial.

The insurance carrier's denial is not supported.

2. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment for location of service} = \text{MAR}$. In this instance, $67.81/33.2875 \times \$108.25$ (location Harlingen Texas (Rest of Texas)) = \$220.52

3. The maximum allowable reimbursement for the service in dispute is \$220.52. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that New Hampshire Insurance Co must remit to Jose Gilberto Dones Vazquez \$220.52 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 21, 2025

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.