



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso PSYD

Respondent Name

El Paso ISD

MFDR Tracking Number

M4-26-0439-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

October 15, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
May 14, 2025	90791	\$12.14	\$0.00
May 14, 2025	96130-59	\$10.73	\$0.00
May 14, 2025	96131-59	\$404.84	\$0.00
May 14, 2025	96136-59	\$4.33	\$0.00
May 14, 2025	96137-59	\$10.23	\$0.00
Total		\$442.27	\$0.00

Requester's Position

"The carrier has not responded to a Request for Reconsideration after multiple attempts to contact them."

Amount In Dispute: \$442.27

Respondent's Position

"The Austin carrier representative for El Paso ISD is Downs Stanford PC. The representative was notified of this medical fee dispute on October 16, 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 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 [134.203](#) sets out the fee guidelines for professional medical services.

Adjustment Reasons

- N640 – Exceeds number/frequency approved/allowed within time period.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule applies to reimbursement?
3. Did the requester support the number of units submitted on the medical claim for code 96131?
4. Is the requester due additional payment?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered on May 14, 2025 and June 4, 2025. The carrier reduced the payment amount amounts based

on workers' compensation fee schedule and documented number of units allowed. The supported payment amount was \$2,160.45. The amount that remains in dispute is \$442.27.

2. The applicable fee guideline for the disputed services is found in 28 TAC Section 134.203(c)(1)(2) which states in pertinent part,
 - (c) To determine the Maximum Allowable Reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
 1. 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 \$52.83...
 2. The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment for location where services are rendered} = \text{MAR}$.

- The CMS physician fee schedule rates are published by carrier and locality.
 - Disputed service was rendered in zip code 79925, locality 04412 99, Rest of Texas (El Paso).
 - The disputed date of service are in May and June of 2025.
 - The 2025 DWC Conversion Factor is 70.18.
 - The 2025 Medicare Conversion Factor is 32.3465.
 - 90791 - $70.18 / 32.3465 \times \$164.52 = \356.95 . The carrier paid \$356.95.
 - 96131 - $70.18 / 32.3465 \times \$115.47 = \250.53 . The carrier paid \$250.52
 - 96131 - $70.18 / 32.3465 \times \$81.73 \times 9 = \$1,595.92$. The carrier paid \$1241.17
 - 96136 - $70.18 / 32.3465 \times \$39.48 = \85.66 . The carrier paid \$85.66
 - 96137 - $70.18 / 32.3465 \times \$34.73 \times 3 = \226.12 . The carrier paid \$226.14.
3. Regarding the reduction of code 96133 as number of units exceeded. The rule applicable to Medicare payment policy for coding is 28 TAC Section 134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
 1. Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and

physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

The Medicare National Correct Coding Initiative Policy Manual Chapter XI , Section M at <https://www.cms.gov/files/document/11-chapter11-ncci-medicare-policy-manual-2025finalcleanpdf.pdf> states, psychological/neuropsychological testing (CPT codes 96136-96146), and psychological/ neuropsychological evaluation services (CPT codes 96130-96133) must be distinct services if reported on the same date of service. CPT Professional codebook instructions permit physicians to integrate other sources of clinical data into the report that is generated for CPT codes 96130-96133. Since the procedures described by CPT codes 96130-96139 are timed procedures, providers/suppliers shall not report time for duplicating information (collection or interpretation) included in the psychiatric diagnostic interview examination and/or psychological/neuropsychological evaluation services or test administration and scoring.

Because this is a time-based code, the medical record documentation should contain the total time spent rendering and interpreting the service, including the stop and start time of test.

The report does not list the start and end time to support the number of hours billed or that the services were distinct of the other services rendered. The requestor has not supported their request for additional reimbursement of code 96131.

4. Review of the information available at the time of this review found the insurance carrier paid codes 90791, 96130, 96136 and 96137 per the applicable fee guideline. The documentation presented did not support the number of units billed for code 93131. The insurance carriers’ reduction is supported. No additional reimbursement 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 not established that additional reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services. [Click or tap here to enter text.](#)

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 15, 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.