



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Space City Pain Specialists

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-26-0460-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

October 6, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 21, 2023	99213, 62368, 76942, J7999	\$0.00	\$0.00
September 14, 2023	99214,62370, 76942, J7999	\$0.00	\$0.00
October 30, 2023	99214, 62370, 76942, J1885, J7999	\$0.00	\$0.00
December 15, 2023	99214, 62370, 76942, J7999	\$0.00	\$0.00
January 25, 2024	99214, 62370, 76942, 96372, J1885	\$0.00	\$0.00
March 6, 2024	99214, 62370, 76942, 99484, J7999	\$0.00	\$0.00
April 17, 2024	99213, 62370, 76942, J7999	\$0.00	\$0.00
August 16, 2024	99213, 62370, 76942, J7999	\$0.00	\$0.00
September 27, 2024	99214, 62370, 76942, J7999	\$0.00	\$0.00
November 4, 2024	99214, 62370, 76942, J7999	\$1018.65	\$578.90
December 13, 2024	99214, 62370, 76942, J7999, 96372, J1855	\$1064.61	\$608.54
January 27, 2025	99214, 62370, 76942, J7999, 96372, J1855	\$0.00	\$0.00
March 11, 2025	99214, 62370, 76942, J7999	\$1018.65	\$601.53

April 23, 2025	99214, 62370, 76942, 96372, J1885	\$877.18	\$632.21
June 2, 2025	99214, 62370, 76942, 96372, J1885, J1010	\$907.57	\$632.38
July 14, 2025	99214, 62370, 76942, 96372, J1885	\$0.00	\$0.00
August 19, 2025	99214, 62370, 76942	\$831.75	Dismissed
Total		\$5,718.41	\$3,053.39

Requester's Position

The requester did not submit a position statement with this request for MFDR.

Amount in Dispute: \$5,718.41

Respondent's Position

“The bills received and denied with A19 were billed Eduardo Garcia, MD, the documentation submitted with the bills and included in the DWC-60 packet reflect the provider was Denise Jarbath, PA-C and Eduardo Garcia, MD was the supervising physician. Per rule 133.20(d) the health care provider that provided the health care shall submit its own bill.”

Response submitted by: Texas Mutual Insurance Co

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers’ Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out the medical bill submission procedures for health care providers.
3. [28 TAC §133.10](#) , effective April 1, 2014, sets out the health care providers billing procedures for required billing forms and formats
4. [28 TAC §134.530](#) sets out the requirements of pharmacy preauthorization.
5. [28 TAC §134.203](#) sets the reimbursement guidelines for professional medical services.
6. [28 TAC §133.250](#) sets out guidelines for requesting reconsideration.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- A19 – Rendering provider must bill for services. Update Box 24J and Box 1 of the CMS-1500 to reflect the rendering provides information. Please correct CMS-1500 and submit a request for reconsideration.
- A19 – DWC Rules 133.10, 133.20 & Clean claim guide require license type, Tax ID, NPI & State jurisdiction of licensed HCP who rendered services.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 891 – No additional payment after reconsideration.

Issues

1. What services were not submitted timely to MFDR?
2. What service is dismissed?
3. Are the respondent’s denial reasons supported?
4. What rule is applicable to reimbursement?
5. Did the requester meet the requirements of determining requested amount was fair and reasonable?
6. Is the requester due reimbursement?

Findings

1. The requester submitted a Medical Fee Dispute Resolution (MFDR) request for the following dates.
 - August 21, 2023
 - September 14, 2023
 - October 30, 2023
 - December 15, 2023
 - January 25, 2024
 - March 6, 2024
 - April 17, 2024

- August 16, 2024
- September 27, 2024

The requester is seeking payment for professional medical services. DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requester receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requester received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The requester indicates that there is no amount in dispute; however, because these services were listed on the submitted DWC-60, the applicable Rule requirements do apply. Therefore, no payment can be recommended.

2. The requester seeks reimbursement for Codes 99214; 62370 and 76942 rendered on August 19, 2025. DWC Rule 28 TAC §133.250 (b) and (c) states,

(b) The health care provider shall submit the request for reconsideration no later than 10 months from the date of service.

(c) A health care provider shall not submit a request for reconsideration until:

(2) the health care provider has not received an explanation of benefits within 50 days from submitting the medical bill to the insurance carrier.

The documentation received by DWC is not sufficient to support that Space City Pain Specialists submitted a request for reconsideration as required.

DWC Rule 28 TAC §133.307 (f)(3)(A) Dismissal. A dismissal is not a final decision by the division. The medical fee dispute may be submitted for review as a new dispute that is subject to the requirements of this section. The division may dismiss a request for MFDR if:

(A) the division determines that the medical bills in the dispute have not been submitted to the insurance carrier for an appeal, when required

As insufficient evidence was found to support a request for reconsideration for date of service August 19, 2025, the DWC finds that this request for medical fee dispute resolution for this date of service is premature and is not eligible for medical fee dispute resolution. DWC finds that good cause exists to dismiss the date of service August 19, 2025 in the amount of \$831.75.

3. The following dates of service will be considered in this review.

- November 4, 2024
- December 13, 2024
- March 11, 2025
- April 23, 2025
- June 2, 2025

In deciding the decision outcome, the DWC applies the following rules: DWC Rule 28 TAC §133.10 (f) (1) (U) and (V), the rendering provider's information is required to be listed in box 24j, shaded (state license) and un-shaded (NPI) fields.

DWC Rule 28 TAC §133.20 (d) "The health care provider that provided the health care shall submit its own bill, unless... (2) the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider, in which case the supervising health care provider shall submit the bill."

DWC Rule 28 TAC §133.20 (e)(2), "(e) A medical bill must be submitted... (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."

Read together the provisions only allow for a supervising provider to be listed in 24J if the rendering provider is not licensed. The NPI listed in box 24J is 1578519757. This NPI at <https://npiregistry.cms.hhs.gov/provider>, indicates, Dr. Eduardo Arturo Garcia MD. The requester included "Encounter" notes for the disputed dates of service that indicate, "Supervising Provider", Garcia, Eduardo, "Servicing Provider" Jarbath, Denise.

Review of the Texas Department of State Health Services Online Licensing search at, <https://vo.ras.dshs.state.tx.us/datamart/mainMenu.do> found no license information available for this individual.

Based on the rules referenced above, Dr. Eduardo Garcia was the licensed supervising physician and therefore the information submitted on the health care provider's medical bill for dates of service listed above was per Division guidelines. The applicable fee guideline calculations are shown below.

4. DWC Rule 28 TAC §134.203 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..."

The following formula represents the calculation of the DWC MAR at 28 TAC §134.203 (c)(1) & (2) for the following dates of service; November 4, 2024; December 13, 2024; March 11, 2025; April 23, 2025; and June 2, 2025.

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

The MAR calculation is based on the 2024 DWC/CMS conversion factors for dates of service November 4, 2024 and December 13, 2024.

Date of service: November 4, 2024

- The carrier location for Webster, Texas, zip code 77598 is 0441218.
- 62370 – $67.81/33.2875 \times \$94.16 = \191.81
- 76942 – $67.81/33.2875 \times \$58.88 = \119.94
- 99214 – $67.81/33.2875 \times \$131.14 = \267.15
- J7999 – Fair and reasonable not supported. (See Finding #5)
- Total MAR = \$578.90.

Date of service: December 13, 2024.

- The carrier location for Webster, Texas, zip code 77598 is 0441218.
- 99214 – $67.81/33.2875 \times \$131.14 = \267.15
- 62370 – $67.81/33.2875 \times \$94.16 = \191.81
- 76942 – $67.81/33.2875 \times \$58.88 = \119.94
- J7999 – Fair and reasonable not supported. (See Finding #5)
- 96372 – $67.81/33.2875 \times \$14.55 = \29.64
- J1885 – DWC Rule 28 TAC §134.503 (b) Preauthorization for claims subject to the division's

closed formulary. (1) Preauthorization is only required for: (A) 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 Ketorolac Tromethamine (J1885) is listed as a "N" drug. Insufficient evidence was found to support this medication was preauthorized or authorized. No payment is recommended.

- Total MAR = \$608.54

The MAR calculation is based on the 2025 DWC/CMS conversion factors for dates of service March 11, 2025; April 23, 2025; and June 2, 2025.

Date of service: March 11, 2025.

- The carrier location for Webster, Texas, zip code 77598 is 0441218.
- $99214 - 79.18/32.3465 \times \$128.21 = \$278.17$
- $62370 - 79.18/32.3465 \times \$90.85 = \$197.11$
- $76942 - 79.18/32.3465 \times \$58.19 = \$126.25$
- J7999 – Fair and reasonable not supported. (See Finding #5)
- Total MAR = \$601.53

Date of service: April 23, 2025

- The carrier location for Webster, Texas, zip code 77598 is 0441218.
- $99214 - 79.18/32.3465 \times \$128.21 = \$278.17$
- $62370 - 79.18/32.3465 \times \$90.85 = \$197.11$
- $76942 - 79.18/32.3465 \times \$58.19 = \$126.25$
- $96372 - 79.18/32.3465 \times \$14.14 = \$30.68$
- J1885 – Required preauthorization not supported. No payment is recommended.
- Total MAR = \$632.21

Date of service: June 2, 2025

- The carrier location for Webster, Texas, zip code 77598 is 0441218.
- $99214 - 79.18/32.3465 \times \$128.21 = \$278.17$
- $62370 - 79.18/32.3465 \times \$90.85 = \$197.11$
- $76942 - 79.18/32.3465 \times \$58.19 = \$126.25$
- $96372 - 79.18/32.3465 \times \$14.14 = \$30.68$
- J1885 – Required preauthorization not supported. No payment is recommended.

- J1010 – This code is listed as Level Two HCPCS Code subject to DWC Rule §134.203 (d) which states, The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows: (1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule; (2) if the code has no published Medicare rate, 125 percent of the published Texas Medicaid fee schedule, durable medical equipment (DME)/medical supplies, for HCPCS; Review of the DMEPOS fee schedule found no amount listed. Review of the Texas Medicaid fee schedule found code J1010 has an allowable of \$0.14. This amount x 125% = \$0.17
- Total MAR = \$632.21

5. The requester is seeking reimbursement of Code J7999 -KD, Compounded drug NOC. Review of the submitted "Medtronic" Patient report indicates this compounded medication was for a refill of a pain pump.

DWC Rule 28 TAC §134.503 titled Pharmacy Fee Guideline states in part that "(a)(2) This section does not apply to parenteral drugs". Parenteral drugs are drugs that are administered by routes other than the digestive tract. The disputed service is a parenteral drug and therefore TAC §134.503 does not apply.

DWC Rule 28 TAC §134.1 (e) states, medical reimbursement for health care not provided through a workers' compensation health care network shall be made in accordance with:

- the Division's fee guidelines;
- a negotiated contract; or
- in the absence of an applicable fee guideline or a negotiated contract, a fair and reasonable reimbursement amount as specified in subsection (f) of this section.

Based on Rule §134.503 (a)(2) the DWC pharmacy guidelines do not apply to this type of pharmacy services.

As stated above, the Division's fee guidelines do not apply, and insufficient evidence was found to support a negotiated contract that exists between the two parties. Therefore, reimbursement is calculated under the fair and reasonable method as shown below.

DWC Rule 28 TAC §134.1 (f) states, Fair and reasonable reimbursement shall:

- be consistent with the Labor Code 413.011;
- ensure that similar procedures provided in similar circumstances receive similar reimbursement; and
- be based on nationally recognized published studies, published Division medical dispute decisions, and/or values assigned for services involving similar work and resource commitments, if available.

Texas Labor Code §413.011(d) requires that "Fee guidelines must be fair, reasonable, and designed to ensure the quality of medical care and to achieve effective medical cost control.

The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf".

DWC Rule 28 TAC §133.307(c)(2)(O) requires the requester to provide "documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §134.1 of this title (relating to Medical Reimbursement) . . . when the dispute involves health care for which the DWC has not established a maximum allowable reimbursement (MAR) or reimbursement rate, as applicable." Review of the submitted documentation finds the following:

- The requester did not submit documentation to substantiate that the billed charges for disputed services represent a fair and reasonable rate of reimbursement. A health care provider's usual and customary charges are not evidence of a fair and reasonable rate of what insurance companies are paying for the same or similar services.
- Payment of the provider's billed charge is thus not acceptable when it leaves the payment amount in the health care provider's control — which would ignore the objective of effective cost control and the statutory standard not to pay more than for similar treatment of an injured individual of an equivalent standard of living.
- Accordingly, the use of a health care provider's "usual and customary" charges cannot be favorably considered unless other data or documentation is presented to support that the payment amount being sought is a fair and reasonable reimbursement for the services in dispute.
- The requester did not submit documentation to support how the requested payment would ensure the quality of medical care and achieve effective medical cost control.
- The requester did not submit nationally recognized published studies or documentation of values assigned for services involving similar work and resource commitments to support the requested reimbursement.
- The requester did not support that payment of the requested amount would satisfy the requirements of 28 TAC §134.1.

The requester has failed to meet the requirements of DWC rules and the Labor Code. The requester has the burden of proof at MFDR to support their request for additional reimbursement by a preponderance of the evidence. DWC concludes that the requester provided insufficient information to meet that burden. Consequently, payment cannot be recommended for services billed under the J7999 KD code in this dispute.

6. DWC concludes as follows:

The requester submitted dates of service to MFDR ranging from August 21, 2023, through

September 27, 2024. These dates of service were received more than one year after the respective dates of service and, therefore, are not eligible for review.

The date of service of August 19, 2025, was not submitted for reconsideration prior to MFDR and is therefore dismissed.

The procedure code J7999 KD required documentation to support that the amount requested meets the Division's fair and reasonable requirements. Insufficient evidence was provided; therefore, no payment is recommended for this service.

The procedure code J1885 required preauthorization. Insufficient evidence was provided; therefore, no payment is recommended for this service.

The insurance carrier's initial denial for services rendered under CPT codes 99214, 62370, 76942, and 96372 on November 4, 2024; December 13, 2024; March 11, 2025; April 23, 2025; and June 2, 2025 was reviewed and not upheld. The total Maximum Allowable Reimbursement (MAR) for these services is \$3,053.39, and payment of this amount is recommended.

Conclusion

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

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

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is not entitled to additional reimbursement for the disputed services. It is ordered that Texas Mutual Insurance must remit to Space City Pain Specialists \$3,053.39 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

January 12, 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 §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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.