



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Abraham Anesthesia Assoc

Respondent Name

Utica Lloyds of Texas

MFDR Tracking Number

M4-26-0798-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

November 13, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 7, 2025	64415 59 LT	\$136.40	\$136.40

Requester's Position

"We provided a copy of the necessary documentation to the carrier for payment of Code 64415 59 LT."

Amount in Dispute: \$136.40

Respondent's Position

"Payment has been paid in accordance with the Fee Schedule Guidelines and based on the CPTs and documentation the providers submits."

Response submitted by: Utica National Insurance Group

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 §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 251 – The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 – Original payment decision is being maintained.

Issues

1. Is the respondent's denial supported?
2. What rule is applicable to reimbursement?
3. Did the requestor meet the requirements of determining requested amount was fair and reasonable?

Findings

1. The insurance carrier denied code 64415 -59 (Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed) for date of service August 7, 2025 for lack of documentation.

DWC Rule 28 TAC §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 medical record documentation should clearly indicate the nerve injected and substance administered. Documentation should also indicate if the procedure was a single injection or a continuous infusion by catheter. Review of the "Peripheral Nerve Block(s) performed sheet (page 5 of 14) indicates, the injection done at the femoral nerve, via single injection of Midazolam. The insurance carrier's denial for lack of documentation is not supported. The dispute service will be reviewed per applicable fee guidelines.

2. 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 §134.203 (c)(1) & (2).

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

- The 2025 DWC Conversion Factor 70.18
- The 2025 CMS Conversion Factor 32.3465
- CMS Physician Fee Schedule Allowable for zip code 75087 (facility) \$66.20
- $70.18/32.3465 \times \$66.20 = \143.63

3. The Maximum Allowable Reimbursement (MAR) is \$143.63. The requester is seeking \$136.40. 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 entitled to reimbursement for the disputed services. It is ordered that Utica Lloyds of Texas must remit to Abraham Anesthesia Associates, \$136.40 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

December 4, 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 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.