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**

Gabriel Jasso PSYD

**Respondent Name**

American Guarantee & Liability

**MFDR Tracking Number**

M4-26-0845-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

November 21, 2025

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| January 29, 2025 | 90791 | $369.10 | $369.03 |
| January 29, 2025 | 96130-59 | $261.25 | $261.20 |
| January 29, 2025 | 96131-59 | $1646.01 | $182.86 |
| January 29, 2025 | 96136-59 | $89.99 | $89.97 |
| January 29, 2025 | 96137-59 | $1181.85 | $78.78 |
| | **Total** | $3548.20 | $981.84 |

## Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

**Amount In Dispute:** $3548.20

## Respondent's Position

"…before the Provider is entitled to Medical Fee Dispute Resolution, the Provider must submit a request for reconsideration to the Carrier. …the Carrier is reprocessing the bill. The Provider is not entitled to Medical Fee Dispute Resolution and accordingly, the Provider is not entitled to reimbursement."

**Response Submitted By:** Flahive, Ogden & Latson

## 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

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the respondent's position supported?
3. What rules applies to reimbursement?
4. Did the requester support number of units submitted on medical bill?
5. Is the requester due reimbursement?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered on January 29, 2025. The carrier did not support adjudication of the medical bill. The amount that in dispute is $3,548.20.

2. The respondent states in their position statement, "…before the Provider is entitled to Medical Fee Dispute Resolution, the Provider must submit a request for reconsideration to the Carrier. Review of the submitted documentation found a document titled "Request for Reconsideration" that was faxed to a number associated with the carrier (847-240-8172) on

July 29, 2025. The respondent's position is not supported.

3. 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:

   (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment for location where services are rendered = MAR.

   - The CMS physician fee schedule rates are published by carrier and locality.
   - Disputed service was rendered in zip code 77042, locality 04412 18 (Houston).
   - The disputed date of service are in January of 2025.
   - The 2025 DWC Conversion Factor is 70.18.
   - The 2025 Medicare Conversion Factor is 32.3465.
   - 70.18/32.3465 x 170.09 = $369.03 (90791)
   - 70.18/32.3465 x 120.39 = $261.20 (96130)
   - 70.18/32.3465 x 84.28 = $182.86 (96131)
   - 70.18/32.3465 x 41.47 = $89.97 (96136)
   - 70.18/32.3465 x 36.31 = $78.78 (96137)
   - Total MAR for single unit for all codes is $981.84

4. The rule applicable to Medicare payment policy for coding is 28 TAC Section 134.203(b)(1) states,

   (b) 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 , Chapter 11, Section M at www.cms.gov, paragraph 2. The psychiatric diagnostic interview examination (CPT codes 90791, 90792), 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 these are time-based codes, 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 the number of units submitted for codes 96131 and 96137.

5. Review of the information available at the time of this review found the MAR of $981.84 is due to the requester based on the applicable Medicare payment policies in effect on date of service January 29, 2025.

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 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 American Guarantee & Liability must remit to Gabriel Jasson PSYD $981.84 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 | January 21, 2026<br>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.