



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso PSYD

Respondent Name

Standard Fire Insurance

MFDR Tracking Number

M4-26-1097-01

Insurance Carrier's Austin Representative

BOX 5 Travelers Co Inc

DWC Date Received

December 12, 2025

Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|--------------------|-------------------|-------------------|----------------|
| June 11, 2025 | 90791 | \$12.15 | \$0.00 |
| June 11, 2025 | 96130-59 | \$10.72 | \$0.00 |
| June 11, 2025 | 96131-59 | Left blank | \$0.00 |
| June 11, 2025 | 96136-59 | \$89.99 | \$85.66 |
| June 11, 2025 | 96137-59 | Left blank | \$0.00 |
| June 11, 2025 | 96139-59 | Left blank | \$0.00 |
| Total | | \$1388.70 | \$85.66 |

Requester's Position

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

Amount In Dispute: \$1,388.70

Respondent's Position

"The Provider contends they are entitled to additional reimbursement for multiple CPT codes related to the testing and evaluation. As to CPT codes 90791 (psychiatric diagnostic evaluation) and 96130 (neuropsychological testing, first hour), the Provider contends they are entitled to additional reimbursement. The Carrier has reviewed the Maximum Allowable Reimbursement for these codes and contends the MAR has already been reimbursed. ...As to CPT code 96136 (neuropsychological testing, per hour), the Provider contends they are entitled to additional reimbursement. The Medicare edits limit reimbursement for this code, and the Carrier denied reimbursement as the Medicare edits required."

Response Submitted By: Travelers

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.

Adjustment Reasons

- W3 – Bill is a reconsideration or appeal.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 947 – Upheld, no additional allowance has been recommended.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 3244 – The billing of the procedure code has exceeded the national correct coding initiative medically unlikely edits amount for the number of times this procedure can be billed on a date of service. An allowance has not been paid.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rule is applicable to reimbursement?
3. Did the respondent support their position statement regarding code 96136?
4. Has DWC determined whether additional reimbursement is due?

Findings

1. The requester is seeking reimbursement of professional medical services rendered in June of 2025 in the amount of \$1,388.70. However, the submitted DWC60 does not indicate an amount in dispute for codes 96131, 96137, and 96139. Therefore, the only codes that will be reviewed in this dispute is 90791, 96130 and 96136.
2. 28 TAC Section 134.203 (c) (1)(2) 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:

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

- The CMS physician fee schedule rates are published by carrier and locality.
 - Disputed service was rendered in zip code 79703, locality 04412 99 (Midland).
 - The disputed date of service is June 11, 2025.
 - The 2025 DWC Conversion Factor is 70.18.
 - The 2025 Medicare Conversion Factor is 32.3465.
 - $90791 - 70.18 / 32.3465 \times \$164.52 = \$356.95$. Carrier paid \$356.95. No additional payment due.
 - $96130 - 70.18 / 32.3465 \times \$115.47 = \$250.53$. Carrier paid \$250.53. No additional payment due.
3. The insurance carrier submitted the following position statement. "As to CPT code 96136(neuropsychological testing, per hour), the Provider contends they are entitled to additional reimbursement. The Medicare edits limit reimbursement for this code, and the Carrier denied reimbursement as the Medicare edits required."
28 TAC 133.307(2)(B) states, Response. On receipt of the request, the respondent must provide any missing information not provided by the requestor and known to the respondent. The respondent must also provide the following information and records: (B) all initial and appeal EOBs related to the dispute as originally submitted to the health care provider in accordance with this chapter, related to the health care in dispute not submitted by the requester,

The information submitted by the requester was limited to pages 1 and 3 of the reconsideration explanation of benefits. These pages did not indicate the adjudication of code 96136. As the respondent did not provide the missing information in support of their position, the disputed claim line will be reviewed per applicable fee guidelines.

3. Based on this review, DWC found insufficient evidence to support the reasons stated by the insurance carrier regarding the non-payment of code 96136. Therefore, the disputed charge is based on the applicable fee guideline shown in finding #2 or 96136 – $70.18/32.3465 \times \$39.48 = \85.66 . This amount 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 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 Standard Fire Insurance must remit to Gabriel Jasso PSYD \$85.66 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 | March 18, 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.