



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso PSYD

Respondent Name

LM Insurance Corp

MFDR Tracking Number

M4-26-1099-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

December 12, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 6, 2025	90791-95	\$12.15	\$0.00
August 6, 2025	96130-59	\$10.72	\$0.00
August 6, 2025	96131-59	\$50.13	\$0.00
August 6, 2025	96136-59	\$4.33	\$0.00
August 6, 2025	96137-59	\$51.30	\$0.00
	Total	\$129.20	\$0.00

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: \$129.20

Respondent's Position

"We have again reviewed payment for the services of August 6, 202, by Gabriel Jasso PHD and determined that reimbursement was issued according to the guidelines provided by the Texas Medical Fee Schedule. No additional payment is due. -copies of EOBs are attached."

Response submitted by: Liberty Mutual Insurance.

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guidelines for outpatient hospital services.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. What rule is applicable to fee guideline calculation?
2. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking additional reimbursement of \$129.20 for professional medical services provided in August 2025. To determine whether the insurance carrier issued payment in accordance with the medical fee guidelines, the following rules apply:

DWC Rule 28 TAC §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 78228, locality 04412 99, Rest of Texas (San Antonio).
- The disputed date of service is August 6, 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.
- 96131 – $70.18 / 32.3465 \times \$81.73 \times 9 = \$1,595.92$. Carrier paid \$1595.00. No additional payment due.
- 96136 - $70.18 / 32.3465 \times \$39.48 = \85.66 . Carrier paid \$85.66. No additional payment due.
- 96137 - $70.18 / 32.3465 \times \$34.74 \times 15 = \$1,130.60$. Carrier paid \$1130.55. No additional payment due.

2. Based on this review, DWC finds the carrier has paid per applicable fee guidelines and no additional payment is due.

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 Gabriel Jasso PSYD has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

December 29, 2025

Signature

Medical Fee Dispute Resolution Officer

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 electronico CompConnection@tdi.texas.gov.