TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Samuel Alianell MD PA

Respondent Name

American Home Assuranc Company

MFDR Tracking Number

M4-26-1957-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 12, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 30, 2025	G0482	$1021.70	$248.82
October 8, 2025	80307	$300.00	$77.67
November 5, 2025	80307	$300.00	$77.67
	Total	$1,621.70	$404.16

Requester's Position

"On the above-mentioned date, the Claimant was seen by Dr. Samuel Alianell for an interim office visit regarding treatment and medication management for their work-related injury. Upon every appeal, we sent a copy of the applicable treatment notes and lab report for each date of service which explains in detail why the provider believes, within a reasonable medical probability, that the work incident caused the treatment received."

Amount In Dispute: $1,621.70

Respondent's Position

The Austin carrier representative for American Home Assurance Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 16, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.
3. 28 TAC Section 133.210 sets out the requirements for medical bill processing by insurance carrier.
4. 28 TAC Section 133.240 sets out the procedures for payment, reduction, or denial of a medical bill.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

- P12-5 – Workers' compensation jurisdictional fee schedule adjustment.
- XXG31 – Pricing has been calculated according to the Medical Clinical Laboratory Fee Schedule Guidelines.
- XXQ89 – The risk factors are not documented in the medical record provided to support the frequency of testing performed.
- 16-4 – Claim/service lacks information which is needed for adjudication. Addl info is supplied using remittance advise remarks code whenever appropriate.

- M127 – Missing patient medical records for this service.
- MA27 – Missing/incomplete/invalid entitlement number or name shown on the claim.
- MA30 – Missing/incomplete/invalid type of bill.
- N179 – Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. What is DWC considering in this medical fee dispute?
2. Are the insurance carrier denials supported?
3. What rule is applicable to reimbursement?

Findings

1. The requester seeks reimbursement for professional medical services rendered in April 2025, October and November of 2025 in the amount of $1,621.70. The insurance carrier denied the charges in full. The insurance carrier did not respond to this request for MFDR to substantiate these denials. DWC will consider these charges based on applicable DWC rules and fee guidelines.
2. The codes in dispute are.
    - G0482 - Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; **15**-**21** drug class(es), including metabolite(s) if performed and
    - 80307 - Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

The insurance carrier denied the claims originally for missing information and then for the frequency of testing performed not supported.

28 TAC Section 133.240 (q) states, in relevant part, When denying payment due to an adverse determination under this section, the insurance carrier shall comply with the requirements of Section 19.2009 of this title ... Additionally, in any instance where the insurance carrier is questioning the medical necessity or appropriateness of the health care services, the insurance carrier shall comply with the requirements of Section 19.2010 of this title ..., including the requirement that prior to issuance of an adverse determination the insurance carrier shall afford the health care provider a reasonable opportunity to discuss the billed health care with a doctor ...

Submitted documentation does not support that the insurance carrier followed the appropriate procedures for a retrospective review of the disputed services outlined in Section 19.2003 (b)(31) or Section 133.240 (q).

Therefore, the insurance carrier did not appropriately raise frequency of testing not supported for this dispute, and this denial reason will not be considered in this review.

3. DWC Rule 28 TAC Section 134.203 states in pertinent part, (e) The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

   (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service;

   Review of the applicable CMS Clinical Laboratory Fee Schedule located , https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/files/25clabq4 found the rates for the applicable dates of service (updated quarterly)

   G0482 - $198.74 x 125% = $248.42

   80307 - $62.14 x $125% = $77.67

   Based on the above, the MAR for code G0482 for April 30, 2025 is $248.42 and for code 80307 for dates of service October 8, 2025 and November 5, 2025 the MAR of $77.67 for each date of service is recommended. The total MAR for the disputed service is $404.16 due to the requester.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 Home Assurance

must remit to Samuel Alianell MD PA $404.16 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	June 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 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.