



# Texas Department of Insurance

## Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

ALLIED BEHAVIORAL HEALTHCARE INC

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-06-2166-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

November 21, 2005

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Preauth 10 units & only paid one."

**Amount in Dispute:** \$ 879.12

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The agreed upon request included only one unit of the neurobehavioral status exam, code 96117. The Eobs in the requestor's TWCC-60 packet show that one unit of 96117 was paid. Since the change in the preauthorization request was a mutually agreed change Texas Mutual does not believe the requestor can now legitimately seek payment for additional units of the neurobehavioral status exam. If the requestor believes otherwise and has additional information to support its belief then Texas Mutual will certainly reconsider its decision."

**Response Submitted by:** Texas Mutual Insurance Company

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 3, 2005	96117 x 9 units	\$879.12	\$727.22

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- Former 28 Texas Administrative Code §134.600 sets out the procedures for Preauthorization, Concurrent Review, and Voluntary Certification of Health Care.
- 28 Texas Administrative Code §134.202 sets out the fee guidelines for professional services provided between August 1, 2003 and March 1, 2008.
- The dispute did not contain EOBs available for review during the audit; as a result, the disputed charges are reviewed pursuant to the applicable rules and guidelines.

## **Issues**

1. What is the definition of CPT code 96117?
2. Did the requestor obtain preauthorization for 10 units of neurobehavioral battery, CPT code 96117?
3. Is the requestor entitled to reimbursement?

## **Findings**

1. Per 28 Texas Administrative Code §134.203 “(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 requestor seeks additional reimbursement for 9 units of CPT code 96117. The AMA CPT Code Book defines this code as “Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour.” The division will therefore review the preauthorization letter presented with the DWC060 to determine if preauthorization was obtained for 10 units of neuropsychological testing battery.

2. Per 28 Texas Administrative Code §134.600 “(h) The non-emergency health care requiring preauthorization includes: (4) all psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program.”

Review of the preauthorization letter dated December 21, 2004 issued by Texas Mutual Insurance Company documents the following:

“Treatment/Services Requested: Outpatient psychological Interview 1 unit; Neurobehavioral 1 unit; Neurobehavioral battery 10 units requested by Dr. Duncan @ Allied Behavioral Healthcare, Inc. to be completed between 12/27/04-2/28/05.”

The insurance carrier and the requestor came to a mutually agreed change in the requested health care treatments indicated above. The following documents the mutually agreed change:

“Nonauthorization given for requested services. Authorization given for agreed psychological interview – 1 unit and neurobehavioral battery 10 units by Dr. Duncan @ Allied Behavioral Healthcare, Inc to be completed between 12/27/04-2/28/08.”

The insurance carrier’s utilization review rationale indicates the following to support the agreed upon change; “All of this appears reasonable/necessary/except the neurobehavioral status exam 1 unit which is redundant to the neuropsych battery and diagnostic interview.”

The requestor seeks additional reimbursement for the neuropsych battery preauthorized by the insurance carrier, as a result, reimbursement is determined pursuant to 28 Texas Administrative Code §134.202.

3. Per 28 Texas Administrative Code §134.202 “(c) To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications. (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers’ compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used.”

Per 28 Texas Administrative Code §134.202 “(d) In all cases, reimbursement shall be the least of the: (1) MAR amount as established by this rule; (2) health care provider’s usual and customary charge; or, (3) health care provider’s workers’ compensation negotiated and/or contracted amount that applies to the billed service(s).

The requestor seeks a total reimbursement in the amount of \$879.12 for CPT code 96117 x 9 units. The Medicare payment is \$65.99/unit x 125% = \$82.49/unit x 10 units, for a total MAR of \$824.90. The insurance carrier issued a payment of \$97.68 minus the MAR amount of \$824.90, leaves a recommended reimbursement of \$727.22. The requestor is therefore entitled to an additional reimbursement in the amount of \$727.22.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$727.22.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$727.22 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
September 29, 2014  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**