



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

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ALISON WALLS, PHD

Respondent Name

XL INSURANCE AMERICA INC

MFDR Tracking Number

M4-19-2662-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

JANUARY 15, 2019

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134... **DESIGNATED DOCTOR REFERRED TESTING.**"

Amount in Dispute: \$149.87

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier did not reimburse the provider under CPT code 96116 with a 59 modifier because CPT code 90791 which is a psychological evaluation and CPT code 96116 which is a neurobehavioral status examination are considered similar enough that they should not both be reported or paid for the same patient on the same day by the same provider."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 4, 2018	CPT Code 96118 (X22)	\$0.00	\$0.00
	CPT Code 90791	\$0.00	\$0.00
	CPT Code 96116-59	\$149.87	\$0.00
TOTAL		\$149.87	\$0.00

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

1. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. The services in dispute were reduced / denied by the respondent with the following reason code:
 - 00137, 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - W3-Request for reconsideration.

Issues

Is the requestor entitled to reimbursement for CPT codes 96116-59?

Findings

On the disputed date of service, the requestor billed CPT codes 96118 (X22), 90791, and 96116-59.

According to the submitted explanation of benefits, the respondent denied reimbursement for CPT code 96116-59 based upon, "00137, 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

The respondent wrote, "The carrier did not reimburse the provider under CPT code 96116 with a 59 modifier because CPT code 90791 which is a psychological evaluation and CPT code 96116 which is a neurobehavioral status examination are considered similar enough that they should not both be reported or paid for the same patient on the same day by the same provider."

The requestor wrote, "Please note that the CPT codes and MAR are NOT bundled nor compounded and are to be billed and reimbursed separately and independently from one another. All components were performed and billed accordingly base don't he TDI-DWC Fee Guidelines and per Rule 133 and Rule 134 respectively."

To determine if the respondent's denial of payment is supported the division refers to the fee guideline found at 28 Texas Administrative Code §134.203.

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203 (b)(1) states, "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."

On the disputed date, the requestor billed the following:

- CPT code 96118 is defined as "Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report."
- CPT code 90791 is defined as "Psychiatric diagnostic evaluation."
- CPT code 96116 is defined as "Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report."

Per CCI edits, CPT code 96116 is a component of code 90791 and may not be reimbursed together. Per CCI edits, a modifier is not allowed to differentiate service of 96116 from 90791. The division finds the respondent's denial of payment is supported.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

2/5/2019
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).

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