



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

GABRIEL JASSO, PHD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-20-1437-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

FEBRUARY 10, 2020

REQUESTOR'S POSITION SUMMARY

October 16, 2019: "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

July 14, 2020: "\$2946.85 was received for the partial payment."

Amount in Dispute: \$3,811.32

RESPONDENT'S POSITION SUMMARY

"In order to resolve this fee reimbursement dispute Texas Mutual Insurance Company has elected to pay the disputed services."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|--|-------------------|------------|
| April 26, 2019 | CPT Code 96116 (X1) Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour | \$161.97 | \$0.00 |
| | CPT Code 96121 (X3) Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; | \$417.66 | \$0.00 |

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|-------|--|------------|--------|
| | each additional hour (List separately in addition to code for primary procedure) | | |
| | CPT Code 96132 (X1) Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | \$222.71 | \$0.00 |
| | CPT Code 96133 (X9) Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | \$1,529.01 | \$0.00 |
| | CPT Code 96136(X1) Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | \$79.67 | \$0.00 |
| | CPT Code 96137 (X19) Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | \$1,400.30 | \$0.00 |
| TOTAL | | \$3,811.32 | \$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 (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §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 claim adjustment reason codes:
 - CAC-29-The time limit for filing has expired.
 - 731-Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date of service.
 - 928-HCP must submit documentation to support exception to timely filing of bill (408.0272). Notification of erroneous submission not included.
 - CAC-P12-Workers' compensation jurisdictional fee schedule adjustment.
 - CAC-131-Claim specific negotiated discount.
 - CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - 641-The Medically Unlikely Edits (MUE) from CMS has been applied to this procedure code.
 - 920-Reimbursement is being allowed based upon a dispute.

- CAC-193-Original payment decision is being maintained. This claim was processed properly the first time.
- CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

Is the requestor entitled to reimbursement for psychological services rendered on April 26, 2019?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$3,811.32 for CPT codes 96116, 96121, 96132, 96133, 96136, and 96137 rendered on April 26, 2019.
2. The respondent initially denied payment for the disputed services based upon timely filing. The respondent did not maintain the denial stating, "In order to resolve this fee reimbursement dispute Texas Mutual Insurance Company has elected to pay the disputed services." A review of the submitted EOB finds on March 10, 2020, the respondent paid CPT codes 96116, 96121, 96132, 96136 in full; therefore, reimbursement for these services will not be considered any further in this dispute. The requestor wishes to continue with the dispute because partial payment was issued for CPT code 96133 and 96137; therefore, the DWC will review these codes.
3. To determine if the respondent's reduction of payment is supported, the DWC refers to the following statute:
 - The fee guideline for disputed services is found at 28 TAC§134.203.
 - 28 TAC §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 TAC §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."
4. On the disputed date of service, the requestor billed CPT codes CPT codes 96116, 96121, 96132, 96133, 96136, and 96137.
5. *NCCI Policy Manual*, Chapter 12, (M)(2), effective January 1, 2019 states, "The psychiatric diagnostic interview examination (CPT codes 90791, 90792), psychological/neuropsychological testing (CPT codes 96136-96146), and psychological / neuropsychological evaluation services (CPT codes 96130-96133) must be distinct services if reported on the same date of service. CPT Manual instructions permit physicians to integrate other sources of clinical data into the report that is generated for CPT codes 96130-96133. Since the procedures described by CPT codes 96130-96139 are timed procedures, physicians shall not report time for duplicating information (collection or interpretation) included in the psychiatric diagnostic interview examination and/or psychological/neuropsychological evaluation services or test administration and scoring. (CPT codes 96101 and 96118 were deleted January 1, 2019.)

The requestor noted on the Neuropsychological Examination report that the claimant underwent a total of 24 hours of examination and testing on the disputed date of service. The report noted that the claimant underwent Neuropsychological testing evaluation services 10 hours; Examinee Interview & Neurobehavioral/Mental Status Exam 4 hours; and Neuropsychological Testing & Scoring 10 hours.

The DWC finds the requestor did not bill in accordance with NCCI Policy Manual, Chapter 12, (M)(2), because "procedures described by CPT codes 96130-96139 are timed procedures, physicians shall not report time for duplicating information (collection or interpretation) included in the psychiatric diagnostic interview examination and/or psychological/neuropsychological evaluation services or test administration and scoring." The report does not list the start and end time of time procedure codes to support the number of hours billed. The requestor has not supported request for additional reimbursement for code 96133 and 96137.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

| | | |
|-----------|--|------------|
| | | 07/21/2020 |
| 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 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC 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 DWC. **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.