



**Texas Department of Insurance**

**Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
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**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name**

JOE ETHERTON, PHD

**Respondent Name**

TEXAS ASSOC. OF COUNTIES RMP

**MFDR Tracking Number**

M4-20-2096-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

APRIL 30, 2020

**REQUESTOR'S POSITION SUMMARY**

"I am submitting the following dispute resolution case regarding neuropsychological assessment that I conducted at the request of Designated Doctor Lori Wasserburger on 12/4/2019. My contention is that the carrier has not paid for all 13.25 hours of services that I provided, and that they have not paid at the fir an reasonable forensic rate at which they were billed."

**Amount in Dispute:** \$2,987.40

**RESPONDENT'S POSITION SUMMARY**

The respondent did not submit a response to this request for medical fee dispute resolution.

**SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 4, 2019	CPT Code 96132 (X1 hour)	\$130.44	\$0.00
	CPT Code 96133 (X5.25 hours)	\$1,000.23	\$0.00
	CPT Code 96136(X0.5 hour)	\$95.79	\$0.00
	CPT Code 96137 (X6.5 hours)	\$1,760.94	\$0.00
TOTAL		\$2,987.40	\$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:
  - P12-Workers' compensation jurisdictional fee schedule adjustment.
  - R51B-The procedure does not fall within the Medicare multiple procedure guidelines; therefore recommended payment is based on 100% of the allowed amount for the procedure billed or the billed amount, whichever is less.
  - P14-The benefit for this service is included in the payment allowance for another service/procedure that has been performed on the same day.
  - W3-Reporting purposes.
  - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

## **Issues**

Is the requestor entitled to additional reimbursement for CPT codes 96132, 96133, 96136 and 96137 rendered on December 4, 2019?

## **Findings**

1. The Austin carrier representative for Tx Assoc of Counties RMP is Burns Anderson, Jury & Brenner. Burns Anderson, Jury & Brenner received a copy of this medical fee dispute on May 5, 2020. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information

As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

2. The requestor is seeking medical fee dispute resolution in the amount of \$2,987.40 for CPT codes 96132, 96133, 96136 and 96137 rendered on December 4, 2019.
3. The respondent reduced payment for the disputed services based upon the fee guideline.
4. 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."
5. These codes are described as:
  - CPT code 96132-"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."
  - CPT code 96133-"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)."
  - CPT code 96136-"Psychological or neuropsychological test administration and scoring by physician or

other qualified health care professional, two or more tests, any method; first 30 minutes.”

- CPT code 96137-“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).”

As noted from the code descriptors, code 96133 is a timed procedure. It is also billed as a secondary code to 96132 for additional time.

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 testing from “8:20am until approximately 1:00pm”. The requestor billed for a total of 13.25 hours of examination and testing on the disputed date of service.

The DWC finds the requestor billed for 13.25 hours of service on December 4, 2019. 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 96132, 96133, 96136 and 96137 to support the number of hours billed. The requestor has not supported request for additional reimbursement of codes 96132, 96133, 96136 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**

_____	_____	07/02/2020
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.**