



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

ALLISON WALLS, PHD

Respondent Name

AMERICAN INTERSTATE INSURANCE CO

MFDR Tracking Number

M4-20-2186-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

MAY 4, 2020

REQUESTOR'S POSITION SUMMARY

"DESIGNATED DOCTOR REFERRED TESTING."

Amount in Dispute: \$903.03

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 14, 2019	CPT Code 90791 (X1) Psychiatric Diagnostic Evaluation	\$0.00	\$0.00
	CPT Code 96130 (X1) Psychological 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	\$0.00	\$0.00
	CPT Code 96131 (X13) Psychological 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)	\$903.03	\$0.00
	CPT Code 96136(X1) Psychological or neuropsychological test administration and scoring by physician or other	\$0.00	\$0.00

	qualified health care professional, two or more tests, any method; first 30 minutes		
	CPT Code 96137 (X7) 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)	\$0.00	\$0.00
TOTAL		\$903.03	\$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. Texas Labor Code 413.014, effective September 1, 2017, provides the preauthorization requirements, concurrent review and certification of health care.
4. 28 TAC §134.600, effective November 1, 2018, sets out the procedure for obtaining preauthorization.
5. The services in dispute were reduced / denied by the respondent with the following claim adjustment reason codes:
 - P12-Workers' compensation jurisdictional fee schedule adjustment.
 - 16-Claim/service lacks information or has submission/billing error(s).
 - P13-Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
 - 151-Based on the code's description, guidelines, anatomical considerations or the nature of service, the maximum number of units of this procedure code has been exceeded for this date of service.
 - P12-Denial after reconsideration

Issues

Is the requestor entitled to reimbursement for CPT code 96131(X13)?

Findings

1. The Austin carrier representative for American Interstate Insurance Co is JT Parker & Associates LLCC. JT Parker & Associates LLCC received a notice of this medical fee dispute on May 12, 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 \$903.03 for CPT code 96131 (X13) rendered on December 14, 2019.
3. The respondent reduced payment for code 96131 based upon "P12," "16," "P13," and "151" (codes described above).
4. To determine if the respondent's denial 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. On the disputed date of service, the requestor billed CPT codes 90791, 96130, 96131, 96136 and 96137.
6. *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 Psychological Evaluation Report that the claimant underwent a total of 19 hours of examination and testing on the disputed date of service. The report noted that the claimant underwent Psychological Interview: 1 hour; Psychological Testing and Scoring: 4 hours; and Psychological Testing Evaluation Services: 14 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 96130, 96131, 96136 and 96137 to support the number of hours billed. The requestor has not supported request for reimbursement of code 96131.

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

Signature

Medical Fee Dispute Resolution Officer

07/17/2020
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.