



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

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-21-0594-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

NOVEMBER 30, 2020

REQUESTOR'S POSITION SUMMARY

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

Amount in Dispute: \$246.19

RESPONDENT'S POSITION SUMMARY

"Psych Testing referred by the DD was planned in advance. DD exam and referral was noted on date of service 11/16/2019. In order for crisis codes to apply, the presenting problem must typical be life-threatening or complex and require immediate attention to a patient in high distress per CPT/APA/AMA code description. Testing was schedule for date of service 1/7/2020 due to the delay and advanced planning Texas Mutual believes the documentation does not meet the definition of 'Crisis' as noted above. Additionally, the provider is still required to follow appropriate CMS Guidelines for billing, regardless of the exam is referred by the DD. NCCI edits for CY 2020 indicates the same provider cannot bill 2 evaluations on the same date of service. 90839 is not listed in NCCI coding policy manual or crosswalk coding editor, therefore the denial as noted on the original submission 435 message modifier is still applicable. See EOB's submitted with DWC60 packet."

Response Submitted By: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 7, 2020	CPT Code 90791 Psychiatric diagnostic evaluation	\$0.00	\$0.00
	CPT Code 96130 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	\$0.00	\$0.00

	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)		
January 7, 2020	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	\$0.00	\$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)	\$0.00	\$0.00
	CPT Code 90839-25 Psychotherapy for crisis; first 60 minutes	\$246.19	\$0.00
TOTAL		\$246.19	\$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-16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
 - DC4-No additional reimbursement allowed after reconsideration.
 - 350, W3-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

Is the requestor entitled to reimbursement for CPT code 90839-25 rendered on January 7, 2020?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$246.19 for CPT code 90839-25 rendered on January 7, 2020.
2. The respondent denied payment for the disputed service based upon "CAC-16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication," and "225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information."

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."

3. The DWC finds the submitted medical report does not support billing for CPT code 90839-25 based upon the code description of "Crisis". The respondent supported denial stating, "DD exam and referral was noted on date of service 11/16/2019. In order for crisis codes to apply, the presenting problem must typical be life-threatening or complex and require immediate attention to a patient in high distress per CPT/APA/AMA code description. Testing was schedule for date of service 1/7/2020." The DWC finds the respondent supported denial of payment for CPT code 90839.

Conclusion

For the reasons stated above, the DWC 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 DWC has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	1/06/2021
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.