



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Allison Walls, PhD

**Respondent Name**

Corpus Christi ISD

**MFDR Tracking Number**

M4-21-2006-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

July 12, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 14, 2020	CPT Code 90791	\$0.00	\$0.00
	CPT Code 96130	\$0.00	\$0.00
	CPT Code 96131	\$0.00	\$0.00
	CPT Code 96136	\$0.00	\$0.00
	CPT Code 96137	\$424.68	\$0.00
<b>Total</b>		\$424.68	\$0.00

### Requestor's Position

"DESIGNATED DOCTOR REFERRED TESTING INCORRECT REDUCTION...The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$424.68

### Respondent's Position

The Austin carrier representative for Corpus Christi ISD is Downs Stanford, PC. is Downs Stanford, PC received a copy of this medical fee dispute on July 20, 2021. 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).

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

### Denial Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- P12-Workers compensation jurisdictional fee schedule adjustment.

### Issues

1. Is Dr. Allison Walls entitled to additional reimbursement?

### Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$424.68 for CPT code 96137 rendered on October 14, 2020.

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.”

On the disputed date of service, the requestor billed CPT codes 90791, 96130, 96131, 96136, and 96137. These codes are described as:

- CPT code 90791-“ Psychiatric diagnostic evaluation.”
- 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.”
- CPT code 96131-“ 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).”
- 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 96130, 93631, 96136, and 96137 are timed procedures. CPT codes 96131 and 96137 are billed as secondary codes to 96130 and 96136 for additional time.

NCCI Policy Manual, Chapter 11, (M)(2), effective January 1, 2020 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 1 hour of Diagnostic Interview; 14 hours of Psychological Testing Evaluation services; and 4 hours of Psychological Testing and Scoring, for a total of 19 hours.

The requestor did not bill in accordance with NCCI Policy Manual, Chapter 11, (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 additional reimbursement of code 96137.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### **Authorized Signature**

09/28/2021

\_\_\_\_\_  
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a

1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).