TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Gabriel A Jasso, PhD

Respondent Name
Hartford Underwriters Insurance Co.

MFDR Tracking Number
M4-21-2330-01

Carrier's Austin Representative
Box Number 47

DWC Date Received
August 17, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 19, 2020	CPT Code 96116	$167.48	$0.00
	CPT Code 96121	$434.28	$0.00
	CPT Code 96132	$230.09	$0.00
	CPT Code 96133	$1,553.40	$0.00
	CPT Code 96136	$81.05	$0.00
	CPT Code 96137	$1,415.50	$0.00
	Total	$3,881.80	$0.00

Requestor's Position

WORK COMP TREATMENT AND SERVICES NO PAYMENT RECEIVED…THE DOCTOR INCLUDED A COMPONENT BREAKDOWN IN THE REPORT. THIS BREAKDOWN SHOULD BE USED TO INTERPRET THE AMOUNT OF TIME THE DOCTOR SPENT PUTTING TOGETHER PARTS OF THE EXAMINEE'S REPORT. THIS TIME TOOK PLACE OVER SEVERAL DAYS FOLLOWING THE EVALUATION AS TH DOCTOR SAW THE EXAMINEE ON THE DATE OF SERVICE AND WORKED ON THE REPORT IN THE FOLLOWING DAYS…The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: $3,881.80

Respondent's Position

"The documentation requirement of minimum time spent was not met…The provider billed 30- and 60- minute services without documentation of the actual time spent. The actual time spent is required in order to support that the minimum time requirement was met."

Response Submitted by: The Hartford

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:

- 16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- W3-No additional reimbursement allowed after review of appeal/reconsideration/request for second review.
- 267-An itemized billing of the time spent performing this service is needed for further review.

Issues

1. Is Hartford Underwriters Insurance Co's denial based on a lack of documentation to support the time spent performing services supported?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of $3,881.80 for CPT codes 96116, 96121, 96132, 96133, 96136, and 96137 rendered on October 19, 2020.

   The respondent denied payment for the disputed services based upon "16-Claim/service lacks information or has submission/billing error(s) which is needed for adjudication," and "267-An itemized billing of the time spent performing this service is needed for further review."

   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."

On the disputed date of service, the requestor billed CPT codes 96116, 96121, 96132, 96133, 96136, and 96137. These codes are described as:

- CPT code 96116-"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."
- CPT code 96121-"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; each additional hour (List separately in addition to code for primary procedure)."
- 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, 96116, 96121, 96132, 96133, 96136, and 96137 are timed procedures.

NCCI Policy Manual, Chapter 11, (M)(2), effective January 1, 2021 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 billed a total of 34 hours. The submitted Neuropsychological Examination report does not document the time spent performing each service. 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 reimbursement.

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 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

		09/13/2021
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. 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.

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 electronico CompConnection@tdi.texas.gov.