



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

GABRIEL A. JASSO, PHD

**Respondent Name**

ACCIDENT FUND GENERAL INSURANCE CO.

**MFDR Tracking Number**

M4-22-2707-01

**Carrier's Austin Representative**

Box Number 6

**DWC Date Received**

August 26, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 31, 2021	96137 x 9 units	\$744.03	\$0.00
	<b>Total</b>	\$744.03	\$0.00

### Requestor's Position

"Please note from the attached testing results & supporting documentation that all components for this claim were performed and billed appropriately using the TDI-DWC Fee Guidelines and should not be reduced. The claim was billed per Medical Fee Guideline conversion factors as established in 28 Texas Administrative Code 134.203."

**Amount in Dispute:** \$744.03

### Respondent's Position

"Accident Fund reviewed the issues presented in the dispute and has determined that Dr. Jasso's bill was correctly audited. The original EOR showed payment on the disputed line (96137) which was billed at \$1415.88 for 9 units. This line was paid per the Texas fee schedule at \$74.65 per unit and no additional payment should be ordered."

**Response Submitted by:** Stone, Loughlin, Swanson

## 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.

### Denial Reasons

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

- 309 -THE CHARGGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.

### Issues

1. What is the definition of CPT Code 96137?
2. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks additional reimbursement for CPT Codes 96137 x 9 units rendered on August 31, 2021. The insurance carrier issued a payment in the amount of \$671.85 and reduced the remaining charge with the reduction codes indicated above.

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."

The disputed CPT code is defined as:

"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 descriptor, CPT code 96137 is a timed procedure. This CPT Code is billed as a secondary code to 96136 for additional time. The insurance carrier issued a payment in the amount of \$671.81 and reduced the remaining charges.

The DWC will calculate the fee guidelines to determine if the requestor was paid according to the fee guidelines.

2. 28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

- The services were rendered in 2021.
  - The 2021 DWC Conversion Factor is 61.17
  - The 2021 Medicare Conversion Factor is 34.8931
  - Per the medical bills, the services were rendered in zip code 75230; therefore, the Medicare locality is "Dallas."
  - The Medicare Participating amount for CPT code 96137 at this locality is \$42.58.
  - Using the above formula, the DWC finds the MAR is \$74.65 per unit x 9 units = total MAR of \$671.81.
  - The respondent paid \$671.85.
  - Additional Reimbursement of \$0.00 is recommended.
3. The DWC finds that the requestor was paid according to the fee guidelines. As a result, additional reimbursement is not recommended.

### 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.

The 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 reimbursement for the disputed services.

### Authorized Signature



Signature

Medical Fee Dispute Resolution Officer

September 27, 2022

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).