



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

GABRIEL A. JASSO, PHD

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-22-2763-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 26, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 26, 2021	96131 x 1 unit	\$156.14	\$0.00
Total		\$156.14	\$0.00

Requestor's Position

"The components noted above are performed on the date(s) of service on this narrative report and reflect the time spent, both face to face with the examinee as well as all other components of the test as listed in the narrative report. The itemized time spent on the above components is documented in the narrative report and outlined as such: Review of Medical Records submitted for evaluation; Examinee Interview & Psychological Evaluation; Psychological Testing; Grading/ Interpretation/Integration as listed above; Specific determinations as related to examinee's work-related injury. The narrative report supports the number of itemized units on the HCFA 1500."

Amount in Dispute: \$156.14

Respondent's Position

"Dr. Jasso conducted a psychiatric diagnostic evaluation, CPT code 90791, that is billed at 1 unit regardless of the time it takes to conduct the interview. Dr. Jasso indicated the evaluation took 2 hours and billed an additional hour under CPT code 96131, which is for diagnostic testing for evaluation. The documentation submitted with the billing supports only 8 hours of testing for CPT code 96131. Per AMA guidelines these are two separate services and cannot be billed interchangeably."

Response Submitted by: Texas Mutual Insurance Company

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:

- CAC-P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- CAC-144 – INCENTIVE ADJUSTMENT, E.G. PREFERRED PRODUCT/SERVICE.
- CAC-16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERRORS WHICH IS NEEDED FOR ADJUDICATION.
- 192 – THIS PROVIDER HAS BEEN REIMBURSED THE ADDITIONAL HPSA AMOUNT.
- 225 – THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THIS SERVICE BEING BILLED, WE WILL RE-EVALUTE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 892 – DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Do the disputed services contain NCCI edit conflicts that may affect reimbursement?
3. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks additional reimbursement in the amount of \$156.14 for CPT Codes 96131 rendered on August 26, 2021. The insurance carrier issued a payment for 7 units in the amount of \$1,092.98 and reduced the remaining charge with 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 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)."

The requestor billed CPT Code 96130 x 1 unit and billed an additional 8 units of CPT Code 96131. The insurance carrier issued a payment for 7 units and the requestor seeks reimbursement for the additional unit.

NCCI Policy Manual, Chapter 12, (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 noted on the Neuropsychological Examination report that the claimant underwent a total of 19 hours of testing, evaluation, and examination services.

The DWC finds the requestor billed for 19 hours of services on August 26, 2021. 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 code 96131 to support the additional unit. The requestor has not supported the request for additional reimbursement for CPT code 96131.

2. The DWC finds that the requestor has not established that additional reimbursement is due. As a result, no additional reimbursement is due.

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 requestor 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. 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 electrónico CompConnection@tdi.texas.gov.