



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**  
GABRIEL JASSO PHD

**Respondent Name**  
ZNAT INSURANCE COMPANY

**MFDR Tracking Number**  
M4-23-0599-01

**Carrier's Austin Representative**  
Box Number 47

**DWC Date Received**  
November 7, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 14, 2022	96133, and 96137	\$960.86	\$0.00
<b>Total</b>		\$960.86	\$0.00

### Requestor's Position

"Designated doctor referred testing incorrect reduction."

**Amount in Dispute:** \$960.86

### Respondent's Position

"According to the CMS Practitioner Services MUE Table for CPT code 96133 has a value of "7." This value represents the maximum units of service that a practitioner would report under most circumstances on a single date of service. Since the Medicare payment system recognized MUE edits, the disputed CPT code 96133 was correctly reimbursed at fee schedule rate \$187.56 x 7 units = \$1,312.92. Therefore, no additional payment is due to the provider. Please see Exhibit #1, Exhibit #3 and Exhibit #6... According to the CMS Practitioner Services MUE Table for CPT code 96137 has a value of "11." This value represents the maximum units of service that a practitioner would report under most circumstances on a single date of service. Since the Medicare payment system recognized MUE edits, the disputed CPT code 9613 7 was correctly reimbursed at fee schedule rate \$74.29 x 11 units = \$817.19. Therefore, no additional payment is due to the provider. Please see Exhibit #1, Exhibit #3, and Exhibit #6."

**Response Submitted By:** The Zenith

## 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 (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. 28 TAC §127.10 effective September 1, 2012, sets out the Designated Doctor procedures and requirements.

### Denial Reasons

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

- 641 – The medically unlikely edits (MUE) from CMS has been applied to the procedure code.
- 790 – The charge was reimbursed in accordance with the Texas Medical Fee Guidelines.
- 97 – The benefit for the service is included in the payment/allowance for another service/procedure that has already been
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

### Issues

Is the Requestor entitled to reimbursement?

### Findings

The requestor is seeking additional reimbursement for CPT codes 96133 and 96137. The insurance carrier denied/reduced the services in dispute with reduction codes indicated above.

The DWC refers to the following statutes to determine the appropriate reimbursement:

- 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 96133, 96137, 96116, 96121, 96132 and 96136 and seeks reimbursement for CPT codes 96133 x 9 units, and 96137 x 19 units.

The disputed CPT codes are described as;

- 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 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).

*NCCI Policy Manual*, Chapter 11, (M)(2), effective January 1, 2019 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 24 hours of examination and testing on the disputed date of service. The report noted that the claimant underwent;

- Neuropsychological testing evaluation services: 10 hours;
- Examinee Interview & Neurobehavioral/Mental Status Exam: 4 hours;
- Neuropsychological Testing and Scoring: 10 hours.

The DWC finds 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 andscoring.”

The report does not list the start and end time of time procedure codes 96133 and 96137 to support the number of hours billed; therefore, reimbursement cannot be 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 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**

_____	_____	January 18, 2023
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).