



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

BEHAVIORAL HEALTH PROVIDERS

**Respondent Name**

FLORIST MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-23-0628-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

November 10, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 7, 2022	96139	\$1,136.62	\$0.00
<b>Total</b>		\$1,136.62	\$0.00

### Requestor's Position

"The carrier did not pay CPT code 96139 x 17 units. The treatment was preauthorized by the carriers' UR Department. We follow CMS Guidelines. If the Testing is performed is over several days, the time for all testing should be combined and reported on the last day of the service. (Per CMS Article A57481) The Neuro Psy report is attached for your review. We received approval for 48 units for CPT code 96139 but only 17 units were required during the testing/ billed for his testing. We attempted to resolve the dispute with the carrier, and we were not successful."

**Amount in Dispute:** \$1,136.62

### Respondent's Position

"...the documentation did not support reporting of 96139 for units beyond the MUE for a single day. Optum does not dispute the need for treatment and did not dispute payment based on medical necessity of services but rather on the correct coding and reporting. Optum would ask the Division of Workers' Compensation to uphold the original determination of denial of reimbursement for CPT code 96139 for 17 units."

**Response Submitted By:** Sentry

## 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, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. 28 TAC §127.10, 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:

- A90 – This charge was reimbursed in accordance with the Texas Medical Fee Guidelines.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 375 – Please see special "note" below.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- W3 – In accordance with TDI-DWC rule 134.804. this bill has been identified as a request for reconsideration or appeal.
- 150 – Payer deems the information submitted does not support this level of service.
- 193 – Clinical payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- Note: After review of the documentation, we are unable to determine how 19 total hours of therapy have been completed on one date of service. These charges are all time-based codes per AMA guidelines. 96116 (1) unit equals first initial hour with add on code 96121 (3) units equals 3 additional hours. 96132 (1) unit equals first initial hour with add on code 96133 (5) units equals 5 additional hours. 96138 (1) unit equals 30 minutes with add on code 96139 (17) units equals 30 minutes which is 8.5 hours. TOTAL hours spent on this patient in one day is 19 hours of therapy as an outpatient. Furthermore, time-based codes are not to overlap another time-based service. We are in need of the actual start/stop or total time spent on each test provided to support 17 units. Per AMA, it states that because 96136-96139 are time-based codes, the medical record documentation should contain the total time spent rendering and interpreting the service, including the stop and start times of testing.
- CCL Note: This bill was reviewed by a specialty audit/coding expert by applying code auditing rules and edits based on coding conventions defined by AMA and coding guidelines developed by national societies and prevailing industry standards and coding practices.
- CRU Note: The attached billing has been re-evaluated at the request of the provider. Based on the re-evaluation we find that our original review to be correct. Therefore, no additional allowance appear to be warranted.

## Issues

Is the Requestor entitled to reimbursement?

## Findings

The requestor is seeking reimbursement for CPT codes 96139. 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 96116, 96121, 96138, 96132, and 96133, and seeks reimbursement for CPT code 96139 (17) units.

The disputed CPT code is described as;

- CPT Code 96139 - Psychological or neuropsychological test administration and scoring by technician, 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 Evaluation report that the claimant underwent a total of 4 hours of a neurobehavioral status exam on the disputed date of service. The report noted that the claimant underwent;

- Neurobehavioral Status Exam – 4 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 and scoring.”

The report does not list the start and end time of time procedure codes 96139 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**

_____	_____	<u>January 23, 2023</u>
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).