



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gabriel Jasso PhD

Respondent Name

Travelers Indemnity Co of Connecticut

MFDR Tracking Number

M4-23-1628-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

March 10, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 9, 2022	90791	\$0	\$0
December 9, 2022	96130	\$0	\$0
December 9, 2022	96131	\$0.00	\$0
December 9, 2022	96136	\$0	\$0
December 9, 2022	96137	\$442.17	\$0
Total		\$442.17	\$0

Requestor's Position

"The itemized time spent on the above components is documented in the narrative report and outlined as such: ...The narrative report supports the number of itemized units on the HCFA-1500."

Amount in Dispute: \$442.17

Respondent's Position

"Given that the CPT code also includes reviewing the results and drafting the report, the Carrier reimbursed the Provider at the full Medicare edit allowed of 11 units. As the Medicare edits allow

11 units of this CPT code per day, which the Carrier has reimbursed, the Provider is not entitled to additional reimbursement.”

Response Submitted By: Travelers

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:

- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 3244 – The billing of the procedure code has exceeded the national correct coding initiative medically unlikely edits amount for the number of times this procedure can be billed on a date of service.
- 947 – Upheld no additional allowance has been recommended

Issues

1. Is respondent’s denial based on MUE Edits supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$442.17 for CPT code 96137 rendered on December 9, 2022.

The respondent reduced payment for CPT code 96137 based upon service being included in the payment/allowance for another service/procedure and medically unlikely edits.

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(a)(5) which 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."

DWC Rule 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."

DWC Rule 28 TAC §134.203(a)(7) states, "Specific provisions contained in the Texas Labor Code or the Texas Department of Insurance, Division of Workers' Compensation (Division) rules, including this chapter, shall take precedence over any conflicting provision adopted or utilized by CMS in administering the Medicare program. Independent Review Organization (IRO) decisions regarding medical necessity made in accordance with Labor Code §413.031 and §133.308 of this title (relating to MDR by Independent Review Organizations), which are made on a case-by-case basis, take precedence in that case only, over any Division rules and Medicare payment policies."

Medicare developed MUEs to detect potentially medically unnecessary services. These MUEs set a maximum number of units allowed for a specific service on a single date of service.

The DWC finds Medicare's MUE payment policy is in direct conflict with 28 TAC §127.10(c) designated doctor procedures. The DWC finds that Rule §127.10 take precedence over Medicare MUEs.

2. The disputed service 96133 is described 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)."

NCCI Policy Manual, Chapter 11, (M)(2), Revised May 1, 2022, 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.

Since the procedures described by CPT codes 96130-96139 are timed procedures, providers/suppliers 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 support code 96137 is distinct from the services reimbursed by the insurance carrier.

The insurance carrier's denial of code 96137 is supported. No additional payment is 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.

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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 6, 2023
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.