TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Jasso, Gabriel PhD

Respondent Name
TASB Risk Management Fund

MFDR Tracking Number
M4-23-1708-01

Carrier's Austin Representative
Box Number 19

DWC Date Received
March 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 26, 2022	96116	$0.00	$0.00
May 26, 2022	96121	$527.11	$0.00
May 26, 2022	96132	$0.00	$0.00
May 26, 2022	96133	$0.00	$0.00
May 26, 2022	96136	$0.00	$0.00
May 26, 2022	96137	$0.00	$0.00
	Total	$527.11	$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

Amount in Dispute: $527.11

Respondent's Position

"This request will be standing on the previous allowance of $2,979.17, and no additional allowance is recommended at CPT 96121 (3 units) was paid in accordance with the Texas Fee Schedule."

Response submitted by: TASB Risk Fund

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 requirements of medical fee dispute resolution.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
- 351 – No additional reimbursement allowed after review of appeal/reconsideration
- W3 – In accordance with TDI-DWC Rule 134.804. This bill has been identified as a request for reconsideration
- 350 – Bill has been identified as a request for reconsideration or appeal
- 95 – Plan procedures not followed
- U00 – There was no UR procedure/treatment request received

Issues

1. Is the respondent's position statement supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of $527.11 for 96121 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) date of service May 26, 2022.

   The respondent submitted as their position statement, "…CPT 96121 (3) units was paid in accordance with the Texas Fee Schedule."

2. DWC Rule 134.203 (c)(1) states in pertinent part, (c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal

modifications. 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 (date of service annual conversion factor.)

The MAR is calculated by dividing the DWC Workers' Compensation Conversion Factor by the Medicare Conversion Factor multiplied by the CMS Physician Fee Schedule amount or,

- 62.46/34.6062 x $80.51 = $145.31 x 3 units = $435.93
- The insurance carrier paid $435,93

The DWC has found the insurance carrier did pay per the Texas Fee Schedule. No additional payment 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 established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 11, 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.