

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

JASSO GABRIEL PHD

Respondent Name

ACE AMERICAN INSURANCE CO

MFDR Tracking Number

M4-23-1715-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

March 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 26, 2022	Code 96116	\$0.00	\$0.00
	Code 96121	\$0.00	\$0.00
	Code 96133	\$54.47	\$0.00
	Code 96136	\$0.00	\$0.00
	Code 96137	\$0.00	\$0.00
	Total		\$54.47

Requestor's Position

"Please note from the attached testing results & supporting documentation that all components for this claim were performed and billed appropriately using the TDI-DWC Fee Guidelines and should not be reduced. The claim was billed per Medical Fee Guideline conversion factors as established in 28 Texas Administrative Code 134.203. The most current DWC conversion factor is utilized for this claim. We have calculated the appropriate MAR by utilizing the CMS Centers for Medicare and Medicaid Services as follows:..."

Amount in Dispute: \$54.47

Respondent's Position

"Upon receipt of the MDR request, the bill as sent for reconsideration. The review determined

that the provider is not due additional money. Attached is a copy of bill review's denial letter and the original EOR issued."

Response Submitted by: ESIS

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.
3. 28 TAC 134.600 sets out the procedure for obtaining preauthorization
4. Texas Labor Code 413.014 provides the preauthorization requirements, concurrent review and certification of health care.

Denial Reasons

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

- 4 – Previous gross recommended payment amount on line: \$190.61; Previous recommended payment amount on line: \$1960.61
- 7 – Charge exceeds Fee Schedule allowance (222)
- 8 – 193 – Original payment decision is being maintained. This claim was processed properly the first time (ANSI193)
- 9 – P12 Workers compensation jurisdictional fee schedule adjustment
- 10 – The appeal is denied as we find the original review reflected the appropriate allowance for the service rendered. We find that no additional recommendation is warranted at this time
- 11 – A technical bill review (TBR) has been performed (ETBR)
- 15 – Previous recommended history on DCN(s) 510404180 = \$190.61 (222, NSIP12, E322, ETBR) (RE555)
- 18 – W3 TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, subchapter U of this title (W3)

Issues

1. Is the requestor entitled to additional reimbursement for CPT Code 96133 rendered on July 26, 2022?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$54.47 for CPT Code 96133 rendered on July 26, 2022

The respondent paid \$190.61 for CPT code 96133 based upon the fee guideline.

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, 96133, 96136 and 96137. Only code 96133 is in dispute.

CPT Code 96133 is described as "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."

As noted from the code descriptors, code 96133 is a timed procedure. It is also billed as a secondary code to 96132 for additional time.

NCCI Policy Manual, Chapter 11, (M)(2), effective January 1, 2020 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 10 hrs of Neuropsychological testing evaluation, 4 hrs of Examinee Interview & Neurobehavioral/Mental Status Exam, 10 hrs of Neuropsychological Testing & Scoring for a total test time of 24 hours.

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 96116, 96121, 96133, 96136 and 96137 to support the number of hours billed. The requestor has not supported request for additional reimbursement of code 96133.

Therefore, no reimbursement is not recommended.

Conclusion

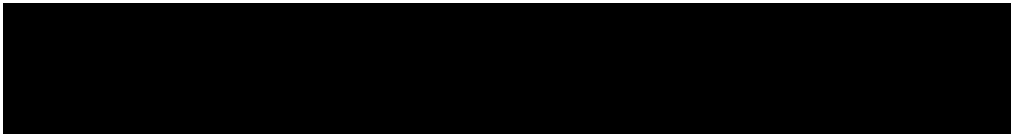
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement of \$0.00 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



April 21, 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. 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.