



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Walls Alison PhD

Respondent Name

Travelers Casualty & Surety Co

MFDR Tracking Number

M4-23-1728-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

March 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 28, 2022	96116	\$0.00	\$0.00
November 28, 2022	96132	\$0.00	\$0.00
November 28, 2022	96133	\$1438.41	\$0.00
November 28, 2022	96136	\$0.00	\$0.00
November 28, 2022	96137	\$0.00	
Total		\$1438.41	\$0.00

Requestor's Position

"Please note that the CPT codes and MAR are not bundled nor compounded and are to be billed and reimbursed separately and independently from one another. All components were performed and billed accordingly based on the TDI-DWC Fee Guidelines and per Rule 133 and Rule134 respectively."

Amount in Dispute: \$1438.41

Respondent's Position

"The Provider contends they are entitled to additional reimbursement for CPT code

96133(neuropsychological testing per hour). The Provider billed 15 units for this CPT code on a single date of service, corresponding to 15 hours of testing that day. The Medicare edits limit reimbursement for this code to 7 units per day under the Medicare Medically Unlikely Edits. The Provider has not submitted documentation to substantiate additional time spent on CPT code 96113 versus the other services rendered that day. As the Medicare edits allow only 7 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the billing requirements for professional services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- W3 – Bill is a reconsideration or appeal
- 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. An allowance has not been paid.

Issues

1. Is the insurance carrier’s denial supported?
2. Is the number of units of disputed service supported?

Findings

1. The requestor is seeking additional reimbursement for 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).

The insurance carrier denied the claim based on Medicare's Medically Unlikely Edits. DWC Rule 28 134.203 (b) states in pertinent part, for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits.

MUE's set a maximum number of units for a specific service that a provider would report under most circumstances for a single patient on a single date of service. Medicare developed MUE edits to detect potentially medically unnecessary services.

Although the DWC adopts Medicare payment policies by reference in applicable DWC Rule 28 TAC §134.203, paragraph (a)(7) of that rule states that specific provisions contained in the Division of Workers' Compensation rules shall take precedence over any conflicting provision adopted the Medicare program.

The Medicare MUE payment policy is in direct conflict with Texas Labor Code §413.014 which requires that all determinations of medical necessity shall be made prospectively or retrospective through utilization review; and with DWC Rule 28 TAC §134.600 which sets out the procedures for preauthorization and retrospective review of professional services such as those in dispute here.

The DWC concludes that Labor Code §413.014 and DWC Rule 28 TAC §134.600 take precedence over Medicare MUE's; therefore, the respondent's denial reasons are not supported.

2. The requestor submitted a medical bill for fifteen units of 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.

Review of the submitted documentation does not show the start and end time of the submitted code.

Insufficient evidence was found to support the total time and/or number of units submitted for code 96133. No 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 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 13, 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 electrónico CompConnection@tdi.texas.gov.