



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jasso Gabriel PhD

**Respondent Name**

Donna ISD

**MFDR Tracking Number**

M4-23-1872-01

**Carrier's Austin Representative**

Box Number 29

**DWC Date Received**

March 31, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 8, 2022	96116	\$0.00	\$0.00
November 8, 2022	96121	\$0.00	\$0.00
November 8, 2022	96132	\$0.00	\$0.00
November 8, 2022	96133	\$904.05	\$0.00
November 8, 2022	96136	\$0.00	\$0.00
November 8, 2022	96137	\$141.24	\$0.00
<b>Total</b>		<b>\$1045.29</b>	<b>\$0.00</b>

### Requestor's Position

"The components noted above are performed on the date(s) of service on this narrative report and reflect the time spent, both face to face with the examinee as well as all other components of the test as listed in the narrative report and outlined as such. ...The narrative report support the number of itemized units on the HCFA 1500."

**Amount in Dispute:** \$1045.29

### Respondent's Position

The Austin carrier representative for Donna ISD is Dean G Pappas Law Firm. The representative was notified of this medical fee dispute on April 4, 2003.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## **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.

- 151 – Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
- GP – Based on the code's description, guidelines, anatomical considerations or the nature of service, the maximum number of units of this procedure code has been exceeded for this date of service.
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- B13 – The provider has billed for the exact services on a previous bill.

### 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) and 96137 – the provider, a physician or other qualified healthcare professional, administers two or more psychological or neuropsychological tests and scores them requiring an additional 30 minutes beyond the initial 30 minutes.

The insurance carrier denied the claim lines as the submitted documentation does not support the number of units billed.

DWC 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.

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

Insufficient evidence was found to support the total time and/or number of units submitted for code 96133 and 96137. 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

\_\_\_\_\_  
May 23, 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](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).