

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Walls Allison PhD

Respondent Name

Travelers Casualty & Surety Co

MFDR Tracking Number

M4-23-1888-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

March 31, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2022	96116	\$0.00	\$0.00
December 6, 2022	96132	\$0.00	\$0.00
December 6, 2022	96133	\$1299.34	\$0.00
December 6, 2022	96136	\$0.00	\$0.00
December 6, 2022	96137	\$446.73	\$0.00
Total		\$1746.07	\$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: \$1746.07

Respondent's Position

"Given that the CPT code also includes reviewing the results and drafting the report, the Carrier

reimbursed the Provider for the maximum 11 units reflecting the 11 individual psychological tests the report indicates were conducted. The Provider has not submitted documentation to substantiate additional time. As the Carrier has reimbursed for the documented testing, 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.

- 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. Does applicable Medicare payment policy allow separate reimbursement?

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 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) and 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)

The insurance carrier denied the claim based on Medicare's Medically Unlikely Edits. DWC Rule 28 TAC 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 Rule §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. DWC Rule 28 TAC §134.203 (b) 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;

The National Correct Coding Initiative Manual, Chapter Eleven, Section M (2) for 2022 states in pertinent part(s), M. Central Nervous System Assessments/Tests

2. 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, 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.

Review of the submitted documentation found insufficient evidence to support Code 96137 was distinct from 96133. There was insufficient evidence to support the number of service units submitted and per applicable NCCI manual direction the provider should not have reported the duplicate time for evaluation, testing and scoring.

Based on this review, the DWC finds 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	May 5, 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.