



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jasso Gabriel PhD

Respondent Name

Accident Fund Insurance Co of America

MFDR Tracking Number

M4-23-2493-01

Carrier's Austin Representative

Box Number 6

DWC Date Received

May 27, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 3, 2022	96116	\$0.00	\$0.00
August 3, 2022	96121	\$0.00	\$0.00
August 3, 2022	96132	\$0.00	\$0.00
August 3, 2022	96133	\$931.68	\$0.00
August 3, 2022	96136	\$0.00	\$0.00
August 3, 2022	96137	\$145.85	\$0.00
Total		\$1077.53	\$0.00

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: \$1077.53

Respondent's Position

“Pursuant to Rule 134.203(b)(1), Texas workers’ compensation system participants shall apply Medicare payment policies for reimbursement of professional services. The Centers for Medicare and Medicaid Services developed Medically Unlikely Edits (MUEs) to set the maximum number of units allowed for a specific service on a specific date. On 08/03/22, Requestor billed 12 units of CPT code 96133 and 13 units of CPT code 96137, which exceed the number of units per day allowed by the MUEs. For this reason, Requestor is not entitled to additional payment.”

Response submitted by: Stone Loughlin Swanson

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.

- UY (151) – The number of units billed for this procedure code exceeds the reasonable number usually provided in a given setting, as defined within the Medically Unlikely Units (MUEs) which is published and maintained by the Centers for Medicare and Medicaid Services. The provider’s charge was granted an allowance up to the MUE value.
- 151 – Payment adjusted because the payer deems the information submitted does not support this many/frequency of services.
- P12 – Workers’ compensation jurisdictional fee schedule adjustment

Issues

1. Is the insurance carrier’s denial supported?
2. Are 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 and refers to a Medicare payment policy regarding Medically Unlikely Edit (MUE). MUE's were implemented by Medicare in 2007. 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 Rule §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 28 TAC §134.600 take precedence over Medicare MUE's; therefore, the respondent's denial reasons are not supported.

2. 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

June 29, 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.