



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gabriel A. Jasso

Respondent Name

Mitsu Sumitomo Insurance Co of America

MFDR Tracking Number

M4-23-3151-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 14, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 26, 2023	96116	\$0.00	\$0.00
April 26, 2023	96121	\$0.00	\$0.00
April 26, 2023	96132	\$0.00	\$0.00
April 26, 2023	96133	\$924.83	\$0.00
April 26, 2023	96136	\$0.00	\$0.00
April 26, 2023	96137	\$144.08	\$0.00
Total		\$1115.82	\$0.00

Requestor's Position

"Per Rules 133 and 134.203 (c) fee guidelines have been established for the CPT codes as outline on the attached HCFA 1500. Please note from the attached testing results and supporting documentation that all components for this claim were performed and billed appropriately using the TDI-DWC Fee Guidelines and should not be reduced."

Amount in Dispute: \$1115.82

Respondent's Position

The Austin carrier representative for Mitsui Sumitomo Insurance Co of America is Flahive, Ogden

& Latson. The representative was notified of this medical fee dispute on August 22, 2023.

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

Response submitted by: N/A

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the billing and coding guidelines for durable medical equipment.

Denial Reasons

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

- P13 – Payment reduced/denied based on state WC regs/policies.
- RAI – Medical Unlikely Edit: DOS exceeds MUE value.
- W3 – Appeal/Reconsideration.
- Medically Unlikely Edits: Nature of service/Procedure for Practitioner Services

Issues

1. Is the insurance carrier's denial supported?
2. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking reimbursement of 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 - 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) for date of service April 26, 2023. The insurance carrier reduced the disputed codes units based on the Medicare Unlikely Edits.

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 Rule §134.203 (b)(1) states in pertinent part, For coding, billing reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment polices, including its coding: billing: correct coding initiatives (CCI) edits.

The Medicare National Correct Coding Initiative Policy Manual, Chapter XI, M, 2 states,

*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 did indicate the start and stop time to support the number of units submitted on the medical bill. Based on the NCCI manual instructions shown above 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 reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	October 23, 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.