



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jasso, Gabriel PHD

**Respondent Name**

City of El Paso

**MFDR Tracking Number**

M4-23-3340-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 30, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 25, 2023	90791	\$0.00	\$0.00
April 25, 2023	96130	\$0.00	\$0.00
April 25, 2023	96131	\$161.45	\$0.00
April 25, 2023	96136	\$0.00	\$0.00
April 25, 2023	96137	\$434.82	\$0.00
<b>Total</b>		<b>\$596.27</b>	<b>\$0.00</b>

### Requestor's Position

"The itemized time spent on the above components is documented in the narrative report and outlined as such: Review of Medical Records submitted for evaluation; Examinee Interview & Psychological Evaluation; Psychological Testing; Grading/Interpretation/Integration... The narrative report supports the number of itemized units on the HCFA 1500."

**Amount in Dispute:** \$596.27

### Respondent's Position

"... a check in the amount of \$596.84 (including interest) was issued on 7/28/2023. Once we

received this MDR, a tracer was issued on the above check and it was determined the check had not been cashed. We faxed a Lost Check Agreement (LCA) to Robert at Dr. Jasso's office on Friday 9/15/2023 and again today, 9/19/2023. Once we received [sic] this signed LCA, a replacement check will be issued. It is our position the additional reimbursement has been issued."

**Response submitted by:** Claims Administrative Services, Inc.

## **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.

- 188 – Payment of interest/penalty to provider.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 641 – The medically unlikely edits (MUE) from CMS has been applied to this procedure code.
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

### 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 96131 - Psychological 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 healthcare professional, two or more tests and scores them requiring any method; each additional 30 minutes§.

The insurance carrier originally reduced the number of allowed units as the Medically Unlikely Edits (MUE) from CMS has been applied to this procedure code. Upon reconsideration, the insurance carrier issued additional payment. The respondent states in their position statement, "...additional reimbursement has been issued."

The requestor indicates that this reimbursement was not received and wishes to continue with medical fee dispute.

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.

The Medicare National Correct Coding Initiative Policy Manual (NCCI) manual found at [www.cms.gov](http://www.cms.gov), Chapter XI, Evaluation and Management Services, CPT Codes 90000 – 99999, Section M, 2, states, *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. 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.*

Insufficient evidence was found to support the total submitted time of nineteen hours for testing, evaluation and scoring or that the disputed services were distinct from other services reported on the same date of service. 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 entitled to \$0.00 additional reimbursement for the disputed services.

### **Authorized Signature**

November 30, 2023

Date

Signature

Medical Fee Dispute Resolution Officer

## 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).