



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jasso, Gabriel PhD

Respondent Name

Hartford Insurance Co of Illinois

MFDR Tracking Number

M4-24-0325-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 6, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 22, 2023	96116	\$0.00	\$0.00
June 22, 2023	96121	\$0.00	\$0.00
June 22, 2023	96132	\$0.00	\$0.00
June 22, 2023	96133	\$954.93	\$0.00
June 22, 2023	96136	\$0.00	\$0.00
June 22, 2023	96137	\$150.87	\$0.00
Total		\$1105.80	\$0.00

Requestor's Position

"The components note 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. 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 & Neurobehavioral/Mental Status Examination; Neuropsychological Testing; Grading/Interpretation/Integration as listed above; ...The narrative report supports the number of itemized units on the HCFA 1500."

Amount in Dispute: \$1105.80

Respondent's Position

"The Respondent did not include documentation to support CMS' overriding of MUE for non-WC related billing. While rule §127.10(c) addresses the Designated Doctor's right to refer for additional testing without preauthorization requirements or the application of medical necessity review, neither this rule nor any rule in chapter 134 indicates the MUE rules are not applicable under a Designated Doctor referral for testing.

Claimant is not a participant of a Health Care Network (HCN).

Response submitted by: CorVel

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 requirements for professional services.

Denial Reasons

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

- RAI – Medical Unlikely Edit: DOS exceeds MUE value.
- W3 – Appeal/Reconsideration.
- P13 – Payment reduced/denied based on state WC regs/policies.

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 – 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.

The insurance carrier reduced the number of allowed units as the Medically Unlikely Edits (MUE) from CMS has been applied to this procedure codes.

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.

The Medicare National Correct Coding Initiative Policy Manual (NCCI) manual found at www.cms.gov, Chapter XI, Evaluation and Management Services, CPT Codes 90000 – 99999, Section 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 "Neuropsychological Examination" indicates the following.

- Neuropsychological testing evaluation services: 13hr(s).
- Examinee Interview & Neurobehavioral/Mental Status Exam: 4hr(s).
- Neuropsychological Testing & Scoring: 7hr(s).
- TOTAL TEST TIME: 24 Hours.

As stated above Code 96133 and 96137 are timed codes. There was no start and stop time indicated on the submitted documentation. Insufficient evidence was found to support the total submitted time of twenty-four hours or that Code 96133 and 96137 was not duplication of information (collection or interpretation). 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 2, 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 electronico CompConnection@tdi.texas.gov.