



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Walls Alison PHD

Respondent Name

City of El Paso

MFDR Tracking Number

M4-24-0355.-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 31, 2022	96116	\$8.79	\$6.02
October 31, 2022	96132	\$11.96	\$0.00
October 31, 2022	96133	\$129.92	\$0.00
October 31, 2022	96136	\$4.93	\$0.00
October 31, 2022	96137	\$38.61	\$0.00
Total		\$194.21	\$6.02

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: \$194.21

Respondent's Position

"This bill was received on 11/28/2022 and payment, in the amount of \$2,380.90, was issued on 12/22/2022. On 1/9/2023, a reconsideration was received, and an additional reimbursement in the amount of \$1,265.67 was issued on 2/2/2023. Copies of the bills and EOB/Checks are attached. Payments issued were based on the services billed and the physical location services were rendered in El Paso, Texas. It is our position that payment issued was correct and no additional reimbursement is due."

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.

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- P12 – Workers' compensation jurisdictional fee schedule adjustment
- 641 – The Medically Unlikely Edits (MUE) from CMS has been applied to this procedure.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Is the insurance carrier's denial supported?
2. Are the number of units of disputed service supported?
3. What rule is applicable to reimbursement?

Findings

1. The requestor is seeking additional reimbursement for professional medical services rendered in October of 2022. The insurance carrier reduced the payment based on packaging, workers' compensation fee guidelines and Medically Unlikely Edits (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 reduction based on MUEs are not supported. The services in dispute will be reviewed per applicable fee guidelines.

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 "Confidential Neuropsychological Evaluation" indicates,

- Neuropsychological testing evaluation services: 15 hours
- Examinee Interview & Neurobehavioral/Meant Status Exam: 1 hour
- Neuropsychological Testing & Scoring: 5 hours
- Total Time: 21 hours.

The submitted medical bill indicates.

- 96116- Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified

health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour (1) unit

- 96132- 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; first hour (1) unit
- 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) (14) units
- 96136- Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (1) unit
- 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) (9) units.

Based on the applicable Medicare payment policy, Codes 96132, 96133, 96136 and 96137 should not be reported separately as the submitted report does not indicate a start and stop time of each code to support units reported on the medical bill were separate and not duplication of services.

3. Code 96116. The requestor is seeking additional payment of \$8.79. The carrier allowed and paid \$168.38. DWC Rule 28 TAC §134.203 (c) states in pertinent parts the fee is calculated as DWC Conversion Factor/Medicare Conversion Factor multiplied by CMS Physician Fee Schedule amount for the location where the services are rendered and the applicable date of service or $64.83/33.88.72 \times \$91.16 = \174.40 . The remaining balance is \$6.02. This amount 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 requestor has established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that City of El Paso must remit to Alison Walls PHD \$6.02 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 27, 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.