



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Alison Walls PHD

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-24-0604-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

November 13, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 5, 2022	90791	\$0.00	\$0.00
December 5, 2022	90785	\$25.92	\$0.00
December 5, 2022	96130	\$0.00	\$0.00
December 5, 2022	96131	\$645.12	\$0.00
December 5, 2022	96136	\$0.00	\$0.00
December 5, 2022	96137	\$0.00	\$0.00
<b>Total</b>		<b>\$671.04</b>	<b>\$0.00</b>

### 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. The utilized 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 as listed above; Specific determinations as related to examinee's work related injury. The narrative report supports the number of itemized units on the HCFA 1500."

## **Supplemental responds dated January 2, 2024.**

We have not received any additional payment. Just the original payment.

**Amount in Dispute:** \$671.04

### **Respondent's Position**

"We are in receipt of the above captioned medial fee dispute resolution. Payment has been made for \$2135.68. We have attached the EOB."

**Response submitted by:** Broadspire

### **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.

- BT100: Unless otherwise specified, services have been reviewed to the State Fee Schedule.
- BT180: NCCI Medically Unlikely Edits (MUE) Rule applied.
- BT181: NCCI Procedure to Procedure (PTP) Rule applied.
- TXP12: 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?
3. What rule is applicable to reimbursement?

#### Findings

1. The requestor is seeking additional reimbursement for CPT code 90785 and additional

reimbursement for CPT code 96131.

The insurance carrier reduced the number of allowed units as the Medically Unlikely Edits (MUE) from CMS has been applied to procedure code 96131.

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](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.***

Per the applicable Medicare coding policy shown above, insufficient evidence was found to support the disputed service was distinct and not duplication of information. No payment is recommended for CPT code 96131.

The insurance carrier denied CPT code 90785 based on Medicare CCI Guidelines. Review of the applicable CCI edits found CPT 90785 has a CCI edit with codes 96130, 96131, and 96137. The insurance carrier's denial is supported. No reimbursement is recommended for CPT code 90785.

## 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

_____	_____	January 10, 2024
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](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).