



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ALISON WALLS PHD

Respondent Name

TRAVELERS INDEMNITY CO OF AMERICA

MFDR Tracking Number

M4-24-0813-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

December 11, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 29, 2023	Code 96116	\$0.00	\$0.00
	Code 96132	\$0.00	\$0.00
	Code 96133	\$1,295.63	\$0.00
	Code 96136	\$79.02	\$0.00
	Code 96137	\$0.00	\$0.00
	Total		\$1,295.63

Requestor's Position

"The attached claim for work comp treatment and services has been reduced/cut inappropriately based on the MAR for the CPT Codes billed according to DWC rule 133 and 134. See Note above.

Please note from the attached testing results & 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: \$1,295.63

Respondent's Position

"The provider contends they are entitled to additional reimbursement for the dispute services. The Carrier has reviewed the documentation and determined the Provider is entitled to supplemental reimbursement for CPT code 96133 ... As to CPT code 96136, the Carrier contends the Provider is not entitled to additional reimbursement... The Provider has not submitted documentation to substantiate additional time spent on CPT code 96136 versus the other services rendered that day.

Response Submitted by: Travelers

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 payment for the disputed services with the following claim adjustment codes:

- W3 – Bill is a reconsideration or appeal
- 947 – Upheld, no additional allowance has been recommended
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 3244 – The billing of the procedure code has exceeded the national correct coding initiative medically unlikely edits amount for the number of times this procedure can be billed on a date of service. An allowance has not been paid

Issues

1. Is the insurance carrier's denial supported?
2. Are the number of units for the 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).

The insurance carrier reduced the payment based on payment adjusted; payment/allowance for another service/procedure that has already been adjudicated 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 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, *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.***

Review of the submitted documentation does not show the start and end time of the disputed code.

Insufficient evidence was found to support the additional total submitted time of fourteen hours for testing, evaluation, and scoring. 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 requestor has not established that additional reimbursement of \$0.00 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



Signature

Medical Fee Dispute Resolution Officer

January 16, 2024

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.