



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jasso, Gabriel PHD

Respondent Name

City of Plano

MFDR Tracking Number

M4-24-0933-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

January 2, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 20, 2023	96116	\$0.00	\$0.00
February 20, 2023	96121	\$0.00	\$0.00
February 20, 2023	96132	\$0.00	\$0.00
February 20, 2023	96133	\$954.93	\$0.00
February 20, 2023	96136	\$0.00	\$0.00
February 20, 2023	96137	\$150.87	\$0.00
Total		\$1105.80	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not responded or has denied this claim in its entirety following our filing Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307."

Amount in Dispute: \$1105.80

Respondent's Position

“Documentation submitted for the HCP’s initial billing and request for reconsideration does not support 24 hours of testing and interpretation for the **one** date of service billed.”

Report 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 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.

- E4P – Services unsubstantiated by documentation.
- 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 and 96137.

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

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.*

Insufficient evidence was found to support the disputed code 96133 was distinct from code 96132.

Insufficient information was found to support code 96137 was not a duplication of services as no start and stop times were documented. 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 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

Peggy Miller

Medical Fee Dispute Resolution Officer

January 24, 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.