



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gabriel Jasso, PhD.

Respondent Name

United Fire & Casualty Co.

MFDR Tracking Number

M4-24-0942-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 2, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 29, 2023	96116	\$0.00	\$0.00
	96121	\$0.00	\$0.00
	96132	\$0.00	\$0.00
	96133	\$954.93	\$0.00
	96136	\$0.00	\$0.00
	96137	\$150.87	\$0.00
Total		\$1,105.80	\$0.00

Requestor's Position

"The narrative report supports the number of itemized units on the HCFA 1500."

Amount in Dispute: \$1,105.80

Respondent's Position

"The carrier disagrees with the provider with respect to the reimbursement amount. We are attaching a copy of the carrier's EOR's dated October 19, 2023, and December 4, 2023. The carrier has per line item identified what the reimbursement rate is. The carrier denies that the provider is entitled to any payment beyond the amount of \$3,133.90."

Response Submitted By: Flahive, Ogden & Latson

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 fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

Adjustment Reasons

The insurance carrier reduced the payment for the disputed services with the following claim adjustment codes:

- RAI - Medical Unlikely Edit; DOS exceeds MU3 value.
- P13 - Payment reduced/denied based on state WC regs/policies.
- W3 – Appeal/Reconsideration.
- Reduction reason note: "Medically Unlikely Edits; Nature of Service/Procedure for Practitioner Services. DOS exceeds MUE Value."

Issues

1. Is the insurance carrier's denial based on Medically Unlikely Edits supported?
2. Are the number of units billed for the services in dispute supported?
3. Is the requestor entitled to additional reimbursement for the services in dispute?

Findings

1. The requestor is seeking additional reimbursement of CPT codes 96133 and 96137 rendered on August 29, 2023. The insurance carrier reduced reimbursement of the disputed services based on 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 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 or utilized by CMS in administering 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 retrospectively 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. DWC concludes that Labor Code §413.014 and 28 TAC §134.600 take precedence over Medicare MUE's.

DWC finds that the insurance carrier's denial reasons are not supported.

2. On the disputed date of service, the requestor billed the following CPT codes:
 - 96116 x 1 unit, described as, "Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., 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."
 - 96121 x 3 units, described as, "Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., 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; each additional hour (List separately in addition to code for primary procedure)."
 - 96132 x 1 unit, described as, "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."
 - 96133 x 12 units, described as, "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)."
 - 96136 x 1 unit, described as, "Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes."
 - 96137 x 13 units, described as, "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)."

As noted in the code descriptors, the CPT codes billed on the disputed date of service are timed procedures. CPT codes 96133 and 96137 are billed as secondary codes to 96132 and 96136, respectively, for additional time.

28 TAC §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.***

A review of the submitted medical record finds insufficient evidence to support the time and units billed for the disputed services as separate and distinct or that the information was not duplicated.

DWC finds that the number of units billed for the services in dispute is not supported.

3. The requestor is seeking additional reimbursement in the amount of \$1,105.80 for disputed CPT codes 96133 and 96137, rendered on August 29, 2023.

Because the total time and number of units billed for the services in dispute was not supported, DWC finds that the requestor is not entitled to additional reimbursement.

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

Medical Fee Dispute Resolution Officer

February 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.