



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

International Neuropsych Consultants

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-0843-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 25, 2023	96116, 96121, 96132, 96133, 96136, and 96137	\$2,060.02	\$0.00
Total		\$2,060.02	\$0.00

Requestor's Position

"WORK COMP TREATMENT AND SERVICES NO PAYMENT RECEIVED."

Amount in Dispute: \$2,060.02

Respondent's Position

"Claim number... was created as an information only claim as the employer has requested to pay all medical bills. The date of service in question was paid by the employer on 09/29/2023 with check #851467 in the amount of \$491.38. Payment was sent to International Neuropsych Consultants at the address in box 33 of the HCFA."

Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#), sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#), sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
4. [28 TAC §133.20](#), sets out the procedures for medical bill submission by the health care provider.

Denial Reasons

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

- EMPLOYER PROOF OF PAYMENT RECEIVED. CHECK #851467 DATED 9/29/23 FOR \$491.38; PER VANESSA.BERRELES@SAS.SHOES.NET
- A16 – THE REIMBURSEMENT FOR HEALTH CARE SERVICES ARE SUBJECT TO WORKWELL, TX CONTRACTS. A CERTIFIED WC HCN (INS CODE CH. 1305)
- CAC-W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL
- CAC – 131 CLAIM SPECIFIC NEGOTIATED DISCOUNT.
- CAC – 18 EXACT DUPLICATE CLAIM/SERVICE
- CAC – 193 ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- DC4 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- 350 – BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 853 – NO PAYMENT IS BEING MADE AS THE BILL WAS SUBMITTED FOR INFORMATION PURPOSES INDICATING THE BILL WAS SENT TO THE EMPLOYER FOR PAYMENT.

Issues

1. Did the requestor elect to bill the injured worker's employer and waive their rights to medical fee dispute resolution?
2. Is the requestor entitled to additional reimbursement?

Findings

1. This dispute pertains to the request for payment of a neuropsychological evaluation and testing rendered on May 25, 2023, billed under CPT codes 96116, 96121, 96132, 96133, 96136, and 96137.

The insurance carrier states, "Claim number... was created as an information only claim as the employer has requested to pay all medical bills."

According to 28 TAC §133.20(j), "The health care provider may elect to bill the injured employee's employer if the employer has indicated a willingness to pay the medical bill(s). Such billing is subject to the following:

(1) A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to: (A) prompt payment, as provided by Labor Code §408.027; (B) interest for delayed payment as provided by Labor Code §413.019; and (C) medical dispute resolution as provided by Labor Code §413.031.

(2) When a health care provider bills the employer, the health care provider shall submit an information copy of the bill to the insurance carrier, which clearly indicates that the information copy is not a request for payment from the insurance carrier. (3) When a health care provider bills the employer, the health care provider must bill in accordance with the Division's fee guidelines and §133.10 of this chapter (relating to Required Billing Forms/Formats). (4) A health care provider shall not submit a medical bill to an employer for charges an insurance carrier has reduced, denied, or disputed."

Per 28 TAC §133.20 (J)(1) A health care provider who elects to submit medical bills to an employer waives, for the duration of the election period, the rights to... (C) medical dispute resolution as provided by Labor Code §413.031. The DWC finds that insufficient evidence was submitted by the insurance carrier to support that the health care provider elected to bill the employer, rather the employer elected to reimburse the requestor the amount of \$491.38. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. To determine if the insurance carrier's reduction of payment is supported, the DWC refers to the following:

The fee guideline for the disputed services is found at 28 TAC §134.203.

- 28 TAC §134.203(a)(5) states, "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."
- 28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies

in effect on the date a service is provided with any additions or exceptions in the rules.”

3. On the disputed date of service, the requestor billed CPT codes 96116, 96121 x 3 units, 96132, 96133 x 3 units, 96136, and 96137 x 7 units, these codes are described as:

- CPT code 96116 - “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.”

The requestor billed one hour.

- CPT code 96121 - “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).”

The requestor billed 3 additional hours.

- CPT code 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.”

The requestor billed one hour

- 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 requestor billed 3 additional hours.

- CPT code 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.”

The requestor billed 30 minutes.

- CPT code 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).”

The requestor billed 7 additional 30 minutes.

As noted from the code descriptors, all the codes are timed procedures. CPT code 96121 is billed as a secondary code to 96116. CPT codes 96133 and 96137 are billed as secondary codes to 96132 and 96136 for additional time.

NCCI Policy Manual, Chapter 11, (M)(2), effective January 1, 2021, 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. CPT Manual instructions permit physicians to integrate other sources of clinical data into the report that is generated for CPT codes 96130-96133. Since the procedures described by CPT codes 96130-96139 are timed procedures, physicians 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. (CPT codes 96101 and 96118 were deleted January 1, 2019.)

The requestor noted on the Neuropsychological Evaluation report that the claimant underwent 15 hours of Neuropsychological testing evaluation services; 1 hour of Examinee Interview & Neurobehavioral/Mental Status Exam services; and 5 hours of Neuropsychological Testing and Scoring, for a total of 21 hours.

The requestor did not bill in accordance with NCCI Policy Manual, Chapter 11, (M)(2), because "procedures described by CPT codes 96130-96139 are timed procedures, physicians 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."

The report does not list the start and end time of time procedure codes 96116, 96121, 96132, 96133, 96136, and 96137 to support the number of hours billed. The DWC finds that the requestor has not supported the request for 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.

The DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 13, 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, 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.