



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Gabriel Jasso, PhD.

**Respondent Name**

Travelers Property Casualty Co. of America

**MFDR Tracking Number**

M4-24-1310-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

February 14, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 2, 2023	96116	\$0.00	\$0.00
	96121	\$0.00	\$0.00
	96132	\$0.00	\$0.00
	96133	\$882.69	\$0.00
	96136	\$0.00	\$0.00
	944.97 [sic]*	\$868.69	\$0.00
<b>Total</b>		<b>\$1,751.38</b>	<b>\$0.00</b>

### Requestor's Position

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

**Amount in Dispute:** \$1,751.38

### Respondent's Position

"The Carrier has reviewed the documentation and determined the Provider is entitled to supplemental reimbursement. Supplemental reimbursement for these services is being issued in accordance with the Texas Workers' Compensation Act and adopted Rules of the Division of Workers' Compensation. With the supplemental reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

**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 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:

- 309 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 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.
- 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.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- 1001 – BASED ON THE CORRECTED BILLING AND/OR ADDITIONAL INFORMATION/DOCUMENTATION NOW SUBMITTED BY THE PROVIDER, WE ARE RECOMMENDING FURTHER PAYMENT TO BE MADE FOR THE ABOVE NOTED PROCEDURE CODE.
- 2008 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

### Issues

1. Have any of the disputed services received additional reimbursement as of the time of this review?
2. Which service(s) will be adjudicated in this Medical Fee Dispute Resolution (MFDR) request?

3. Are the number of units billed for the services in dispute supported?
4. Is the requestor entitled to additional reimbursement for the services in dispute?

### Findings

\*Note: DWC notes an error in the last line of the "Service Codes in Dispute" field of the requestor's DWC060 form. DWC finds evidence elsewhere in the submitted documentation that the Code in Dispute on the last line of the chart above should read as CPT code 96137.

1. The requestor is seeking additional reimbursement for CPT codes 96133 and 96137 rendered on November 2, 2023. A review of the submitted medical bills and explanation of benefits (EOB) finds the following:
  - The requestor billed/charged in the amount of \$2,224.80 for 12 units of CPT code 96133.
  - The requestor billed/charged in the amount of \$944.97 for 13 units of CPT code 96137.
  - EOB dated December 22, 2023, allowed reimbursement in the amount of \$1,342.11 for CPT code 96133.
  - EOB dated December 22, 2023, allowed reimbursement in the amount of \$76.28 for CPT code 96137.
  - A reconsideration/appeal EOB dated January 11, 2024, allowed \$0.00 additional reimbursement for both CPT codes 96133 and 96137.
  - An EOB dated February 26, 2024, allowed an additional supplemental reimbursement in the amount of \$882.69 for CPT code 96133.
  - The supplemental EOB dated February 26, 2024, allowed \$0.00 additional reimbursement for CPT code 96137.
  - DWC finds that the requestor has been reimbursed payment in full for CPT code 96133 as of the date of this review.
  - DWC finds that the requestor has been reimbursed in the amount of \$76.28 out of \$944.97 charged for CPT code 96137 as of the date of this review.
2. Because the disputed CPT code 96133 has been reimbursed for charges in full by supplemental reimbursement (after this request for MFDR was filed), DWC finds that only CPT code 96137 remains in dispute. Therefore, CPT code 96137 is the only service that will be adjudicated in this MFDR review.
3. 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 code 96137 is billed as a secondary code to 96136, for additional time.

28 TAC §134.203(b) which applies to the billing and reimbursement of the service in dispute, 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.**

The requestor noted on the Neuropsychological Examination report that the claimant underwent 13 hours of Neuropsychological testing evaluation services; 4 hours of Examinee Interview & Neurobehavioral/Mental Status Exam services; and 7 hours of Neuropsychological Testing and Scoring, for a total of 24 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 the services rendered to support the number of hours billed. The requestor has not supported the request for additional reimbursement of CPT code 96137.

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

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

4. The requestor is seeking additional reimbursement for disputed CPT code 96137, rendered on November 2, 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

\_\_\_\_\_  
May 10, 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](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, 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).