TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Occufit

Respondent Name
Technology Insurance Company Inc

MFDR Tracking Number
M4-24-2335-01

Carrier's Austin Representative
Box Number 17

DWC Date Received
June 24, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 29, 2024	90791	$270.00	$270.00
	Total	$270.00	$270.00

Requestor's Position

"Our office received an explanation of review for date of services: 01/29/2024, based on explanation codes; P12 (workers compensation jurisdictional fee schedule adjustment) 790 (charge in accordance) 95 (plan procedures not followed) & U05 (billed service exceeds the UR amount authorization) N54 (pre-certified/authorized services) the date of service does not require preauthorization pursuant to 28 TAC §134.600 (p) (7). As a result, the disputed services are reviewed per 28 TAC §134.203."

Amount in Dispute: $270.00

Respondent's Position

"It is Respondent's position that DWC Rule 134.600(p)(7) requires all psychological services to be preauthorized. The treatment in dispute in this matter was a psychological interview in which Requestor did not first obtain preauthorization billed at CPT code 90791."

Response Submitted by: Downs & Stanford, P.C

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 §134.600 sets out the guidelines for preauthorization, concurrent utilization review and voluntary certification of health care.

Denial Reasons

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

- 95 – Plan procedures not followed.
- U05 – The billed services exceeds the UR amount authorized.
- N54 – Claim information is inconsistent with pre-certified/authorized services.
- 198 – Precertification/notification/authorization/pre-treatment exceeded.
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is the insurance carrier's denial supported?
2. Is the requestor entitled to reimbursement?

Findings

1. This dispute pertains to the non-payment of a psychological diagnostic evaluation service rendered on January 29, 2024, and billed under CPT code 90791. The requestor is seeking reimbursement in the amount of $270.00. Using the previously mentioned denial reduction codes, the insurance carrier audited and denied the services in dispute.

   The CPT code description for 90791 is "Psychiatric diagnostic evaluation."

   28 TAC §134.600 (p)(7) states, "(7) all psychological testing and psychotherapy, **repeat** interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program…"

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.

The documentation submitted for review does not contain information to support that the disputed service is a repeat interview, as a result, the insurance carrier's denial reason is not supported, and the requestor is entitled to reimbursement.

2. 28 TAC 134.203 sets out the reimbursement guidelines for CPT code 90791.

   The requester billed 1 unit of CPT code 90791. A review of the medical documentation and the medical bills supports that the requestor billed and documented the service in dispute.

   28 TAC §134.203 states in pertinent part, "(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

   To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

   - The disputed service is dated January 29, 2024
   - The 2024 DWC Conversion Factor is 67.81
   - The 2024 Medicare Conversion Factor is 32.7442
   - A review of the medical bills finds that the disputed services were rendered in zip code 78504; the Medicare locality 4402 – 99, "Rest of Texas."
   - The Medicare Participating amount for CPT code 90791 at this locality is $166.86.

- Using the above formula, the DWC finds the MAR is $345.55.
- The requestor seeks $270.00.
- The respondent paid $0.00.
- Reimbursement of $270.00 is recommended.

28 TAC §134.203 states in pertinent part, "(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title."

The DWC finds the requester is entitled to reimbursement in the amount of $270.00.

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 requestor has established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requestor $270.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 29, 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 electronico CompConnection@tdi.texas.gov.