



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Wals, PSYD.

Respondent Name

Phoenix Insurance Co.

MFDR Tracking Number

M4-25-2940-01

Carrier's Austin Representative

Box Number 5

DWC Date Received

July 18, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 15, 2025	90791-95	\$0.07	\$0.00
	96130-59-95	\$0.05	\$0.00
	96136-59-95	\$0.02	\$0.00
	96137-59-95	\$0.05	\$0.00
May 15, 2025 (May 28, 2025-May 29, 2025)	96131-59-95	\$2,377.57	\$0.00
Total		\$2,377.78	\$0.00

Requester's Position

"The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed."

Amount in Dispute: \$2,377.78

Respondent's Position

"The Carrier has reviewed the billing and agrees reimbursement for this code is appropriate. The Provider billed 13 units for this CPT code, however, and the Medicare edits limit reimbursement for this code to 7 units per day under the Medicare Unlikely Edits. The Carrier is reimbursing the maximum Medicare allowable of 7 units. As the documentation supports 7 units of this CPT code, the Carrier is issuing additional reimbursement. With the reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

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.

From the original EOB dated June 13, 2025:

- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 107 - CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM.
- 309 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- 3452 - MODIFIER 95-SYNCHRONOUS TELEMEDICINE SERVICE RENDERED VIA REAL-TIME INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATIONS SYSTEM.
- 86 - SERVICE PERFORMED WAS DISTINCT OR INDEPENDENT FROM OTHER SERVICES PERFORMED ON THE SAME DAY.
- 292 - THIS PROCEDURE CODE IS ONLY REIMBURSED WHEN BILLED WITH THE APPROPRIATE INITIAL BASE CODE.

From the reconsideration EOB dated July 2, 2025:

- W3 - BILL IS A RECONSIDERATION OR APPEAL.
- 107 – CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/ SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM.
- 2005 & 947 – NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL /RECONSIDERATION.
- 292 - PROCEDURE CODE IS ONLY REIMBURSED WHEN BILLED WITH THE APPROPRIATE INITIAL BASE CODE.

From the supplemental EOB dated July 22, 2025:

- 9104 - PAYMENT UPHOLD AFTER RECEIVING FEE DISPUTE; DECISION NOT YET RECEIVED.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- 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.
- 9102 - ADDITIONAL PAYMENT MADE BASED ON FURTHER REVIEW OF STATE GUIDELINES AFTER RECEIVING FEE DISPUTE; DECISION NOT YET RECEIVED.
- 2008 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.

Issues

1. Have the services in dispute received payment after the request for medical fee dispute resolution (MFDR)?
2. Which procedure codes will be reviewed and adjudicated in this MFDR process?
3. Is the requester entitled to additional reimbursement for the services in dispute?

Findings

1. A review of the submitted medical bills and explanation of benefits (EOB) documents applicable to the services in dispute finds the following:

CPT code	Charged amount	Original EOB allowance	Supplemental EOB allowance
90791-95	\$369.10	\$369.03	\$0.00
96130-59-95	\$261.25	\$261.20	\$0.00
96136-59-95	\$89.99	\$89.97	\$0.00
96137-59-95	\$551.53	\$551.46	\$0.00
96131-59-95	\$2,377.57	\$0.00	\$1,280.02

DWC finds that after the request for this MFDR, the services in dispute received additional reimbursement in the amount of \$1,280.02 for CPT code 96131-59-95. The services in dispute have received payment in total amount of \$2,551.68 as of the date of this review.

2. The requester is seeking additional reimbursement in the total amount of \$2,377.78 for the services in dispute. The requester reported on the submitted DWC060 request for MFDR form that all disputed services were rendered on May 15, 2025. However, a review of the submitted medical records and medical bill finds that CPT code 96131-59-95 was rendered across two dates of service, May 28, 2025, and May 29, 2025. The requester is seeking reimbursement in the amount of \$2,377.57 for this disputed CPT code.

Based on the previously paid amounts listed in finding number one, CPT code 96131-59-95 is the only procedure code to be reviewed in this MFDR process to determine if additional reimbursement is due.

3. In addition to other CPT codes billed on the disputed date of service, the requester billed CPT code 96131 x 13 units rendered across two days, May 28, 2025, and May 29, 2025. The requester appended the procedure code with modifier "59" to indicate that the service is distinct from other services billed on the same day. The requester also appended the disputed procedure code 96131 with modifier "95" indicating that the service was rendered via a real-time interactive audio and video telecommunications system.

CPT code 96131 is described as "Psychological 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)."

CPT code 96131 is used when additional hours of psychological testing are performed after the initial hour has been billed under CPT code 96130. In this case, the primary procedure code 96130 x 1 unit has been billed and reimbursed by the insurance carrier as demonstrated in finding number one.

28 TAC §134.203(b), which applies to the billing and reimbursement of the services 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, 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 time tracking evidence to support the time and units billed for the disputed CPT code 96131. Therefore, additional

reimbursement is not recommended for disputed CPT code 96131-59-95 billed for dates of service May 28, 2025, and May 29, 2025.

DWC finds that the number of units billed for CPT code 96131-59-95 is not supported. As a result, DWC finds that the requester is not entitled to additional reimbursement.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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

Order

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

Authorized Signature

_____	_____	August 14, 2025
Signature	Medical Fee Dispute Resolution Officer	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.