



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso, PhD.

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-25-2947-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

July 18, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 23, 2025	96116	\$0.03	\$0.00
	96121-59	\$0.09	\$0.00
	96132-59	\$0.04	\$0.00
	96133-59	\$1,030.73	\$0.00
	96136-59	\$1.02	\$0.00
	96137	\$157.69	\$0.00
Total		\$1,188.70	\$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: \$1,188.70

Respondent's Position

"As to CPT codes 96116, 96121, 96132, and 96136, the Provider contends they are entitled to additional reimbursement. The Carrier has reviewed the Maximum Allowable Reimbursement calculations and contends the Provider is not entitled to additional reimbursement.

"As to CPT code 96133 (neuropsychological testing, per hour), the Provider contends they are entitled to additional reimbursement. The Provider billed 12 units for this CPT code. The

Medicare edits limit reimbursement for this code to 7 units per day under the Medicare Unlikely Edits. The Carrier reimbursed the maximum Medicare allowable units. As the documentation supports 7 units of this CPT code, which the Carrier has reimbursed, the Provider is not entitled to additional reimbursement.

"As to CPT code 96137 (neuropsychological testing, per hour), the Provider contends they are entitled to additional reimbursement. The Provider billed 13 units for this CPT code. The Medicare edits limit reimbursement for this code to 1 unit per day under the Medicare Unlikely Edits. The Carrier reimbursed the maximum Medicare allowable units. As the documentation supports one unit of this CPT code, which the Carrier has reimbursed, the Provider is not entitled to additional reimbursement.

"The Carrier contends the Provider is not entitled to additional reimbursement."

Response Submitted By: Constitution State Services

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:

- P12 – WORKERS COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- 97 - Payment adjusted because the benefit for this service/procedure is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 86 – The service performed was distinct or independent from other services performed on the same day.
- 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.

- 3247 - 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. The correct use of a modifier to report the same code on a separate line permits an additional unit of service to be allowed. Since the modifier has not been used correctly, an additional unit cannot be paid.
- W3 – Bill is a reconsideration or appeal.
- 947 & 2005 - UPHELD. NO ADDITIONAL ALLOWANCE HAS BEEN RECOMMENDED AFTER REVIEW OF APPEAL /RECONSIDERATION.

Issues

1. What amount of reimbursement has the insurance carrier previously allowed for the services in dispute?
2. Are the insurance carrier’s reimbursement reductions based on Medically Unlikely Edits supported?
3. Are the number of units billed for the services in dispute supported?
4. Is the requester entitled to additional reimbursement for the services in dispute?

Findings

1. A review of the submitted explanation of benefits (EOB) dated June 13, 2025, finds that the insurance carrier has allowed reimbursement in the following amounts for the services in dispute:

	<u>CPT code</u>	<u>units</u>	<u>charges</u>	<u>amount allowed</u>
•	96116	1	\$196.34	\$196.31
•	96121	3	\$482.58	\$482.49
•	96132	1	\$277.28	\$277.24
•	96133	12	\$2,473.32	\$1,442.49
•	96136	1	\$89.99	\$89.97
•	96137	13	\$1,024.27	\$866.58

Due to the previously allowed reimbursement amounts DWC finds that the only CPT codes to be reviewed for additional reimbursement in this medical fee dispute resolution (MFDR) are CPT codes 96133 x 12 units and 96137 x 13 units.

2. The requester is seeking additional reimbursement of CPT codes 96133 and 96137 rendered on April 23, 2025. 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.

3. On the disputed date of service, the requester 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 no documentation of start and stop times to support the number of units billed for CPT codes 96133 and 96137. DWC 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 disputed CPT codes 96133 and 96137 is not supported.

4. The requester is seeking additional reimbursement in the amount of \$1,188.42 for disputed CPT codes 96133 and 96137, rendered on April 23, 2025.

Because the total time and number of units billed for the services in dispute was not supported, 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

Signature

Medical Fee Dispute Resolution Officer

September 9, 2025

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.