



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Walls PSYD

Respondent Name

Old Republic Insurance Co

Carrier's Austin Representative

MFDR Tracking Number

M4-25-3418-01

Box Number 44

DWC Date Received

August 27, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 7, 2025	96116	\$196.34	\$0.00
July 7, 2025	96132-59-95	\$278.28	\$0.00
July 7, 2025	96136-59-95	\$89.99	\$0.00
July 7, 2025	96137-59-95	\$709.11	\$0.00
July 7, 2025	96133-59-95	\$3091.65	\$0.00
	Total	\$4,364.37	\$0.00

Requester's Position

"The carrier has incorrectly denied this claim in its entirety."

Supplemental response submitted October 27, 2025

"Partial payment has been received. Please submit for decision."

Amount in Dispute: \$4,364.37

Respondent's Position

"M4-25-3418 has been paid."

Response submitted by: White Espey

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the fee guidelines for outpatient hospital services.

Denial Reasons

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

- 292 – This procedure code is only reimbursed when billed with the appropriate initial base code.
- 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.
- 107 – Claim/service denied because the related or qualifying claim/service was not previously paid or identified on this claim.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Bill is a reconsideration or appeal.

Issues

1. What services remain in dispute after payments made by the carrier?
2. What rule is applicable to fee guideline calculation?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking medical fee dispute resolution in the amount of \$4,364.37 for professional medical services rendered in July of 2025. The carrier supports a payment of \$1,219.28 made on July 17, 2025 and \$2,987.85 made via electronic funds transfer on September 3, 2025 for a total payment of \$4,207.13. The remaining balance of \$157.24 will be reviewed per applicable fee guidelines.
2. The requester indicates additional reimbursement is requested for the following codes.
 - 96116-95 - 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
 - 96132-59-95 - 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
 - 96136-59-95 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first **30** minutes
 - 96137-59-95 - 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)
 - 96133-59-95 - 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 submitted medical bill contained the modifiers, 59 – Distinct Procedure Service and 95 – Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System.

DWC Rule 28 TAC §134.203 (c) (1)(2) states in pertinent part,

(c) To determine the Maximum Allowable Reimbursement (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...

(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:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

- The CMS physician fee schedule rates are published by carrier and locality.
- Disputed service was rendered in zip code 79925, locality 04412 99, Rest of Texas (El Paso).
- The disputed date of service is July 7, 2025.
- The 2025 DWC Conversion Factor is 70.18.
- The 2025 Medicare Conversion Factor is 32.3465.
- 96116 – $70.18 / 32.3465 \times \$87.04 = \188.84 . Carrier paid \$188.84. No additional payment due.
- 96132 – $70.18 / 32.3465 \times \$122.1 = \266.45 . Carrier paid \$266.45
- 96133 – $70.18 / 32.3465 \times 91.81 \times 15 \text{ units} = \$2,987.91$. Carrier paid \$2987.85. No additional payment due.
- 96136 – $70.18 / 32.3465 \times 39.48 = \85.66 . Carrier paid \$85.85. No additional payment due.
- 96137 – $70.18 / 32.3465 \times 75.37 \times 9 = \678.36 . Carrier paid \$678.33. No additional payment due.

3. Based on this review, DWC finds the carrier has paid per applicable fee guidelines. No additional payment is due.

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 Alison Walls PSYD 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

November 6, 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 electronico CompConnection@tdi.texas.gov.