



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Alison Walls PSYD

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-25-3419-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

August 27, 2025

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| June 3, 2025 | 90791-95 | \$4.28 | \$0.00 |
| June 3, 2025 | 96130-59-95 | \$5.19 | \$0.00 |
| June 3, 2025 | 96136-59-95 | \$1.06 | \$0.00 |
| June 3, 2025 | 96137-59-95 | \$2.17 | \$0.00 |
| June 3, 2025 | 96131-59-95 | \$926.98 | \$0.00 |
| | Total | \$939.68 | \$0.00 |

Requestor's Position

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

Amount in Dispute: \$939.68

Respondent's Position

"The Provider contends they are entitled to additional reimbursement for multiple CPT codes related to the testing and evaluation. ...The Carrier has reviewed the Maximum Allowable Reimbursement calculations and contends the Provider is not entitled to additional reimbursement. As to CPT code 96131 (neuropsychological testing, per additional hour), the Provider contends they are entitled to additional reimbursement. ...The Provider billed 13 units for this CPT code, however, the Medicare edits limit reimbursement for this code to 7 units per day under the Medicare Unlikely Edits. The Carrier has already reimbursed the maximum Medicare allowable of 7 units. Consequently, no additional reimbursement is due."

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 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.
3. [Texas Labor Code §413.014](#) sets out requirements of medical review.

Denial Reasons

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

- W3 – Bill is a reconsideration or appeal.
- 947 – Upheld. No additional allowance has been recommended.
- 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.
- 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.

- 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.

Issues

1. Is the reduction made by the insurance carrier supported?
2. What rule is applicable to reimbursement?
3. Does the submitted documentation support the number of units submitted on the medical bill?
4. Is the requester entitled to additional reimbursement?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$926.98 for CPT code 96131 (X12) rendered on June 19, 2025. The respondent reduced payment for code 96131 based upon 97, P12, 309, 3244, 3247, 3452 (codes described above).

To determine if the respondent's denial of payment is supported, the DWC refers to the following statute: The fee guideline for disputed services is found at 28 TAC§134.203.

DWC Rule 28 TAC §134.203(a)(5) states, "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

The respondent's position statement and the explanation of benefits refer to a Medicare payment policy regarding Medically Unlikely Edit (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 the 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 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 retrospective 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. The DWC concludes that Labor Code §413.014 and 28 TAC §134.600 take precedence over Medicare MUE's; therefore, the respondent's reduction based on MUE is not supported.

2. The requester indicates additional reimbursement is requested for the following codes.

- 90791-95 – Psychiatric diagnostic evaluation
- 96130-59-95 - 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; 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)
- 96131-59-95 - 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)

DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...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 \$53.68..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$. In this instance,

The fee calculation based on the above is shown below.

- 90791 – $70.18/32.3465 \times \$168.15$ (CMS physician fee schedule allowable for Dallas) = \$364.82. The carrier paid \$364.82. No additional payment due.
- 96130 – $70.18/32.3465 \times \$118.02 = \256.06 . The carrier paid \$256.06. No additional payment due.
- 96136 – $70.18/32.3465 \times \$40.99 = \88.93 . The carrier paid \$88.93. No additional payment due.
- 96137 – $70.18/32.3465 \times \$36.17 \times 7 \text{ units} = \549.33 . The carrier paid \$549.36. No additional payment due.

3. The submitted medical bill indicates for code 96131, the number of units as twelve. DWC Rule 28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The requestor noted on the Psychological Evaluation Report that the claimant underwent a total of 18 hours of examination and testing on the disputed date of service. The report indicates.

- 90791 (description shown above) - June 3, 2025, one hour
- 96136 / 96137 – June 3, 2025 2 hours (1 unit 96136 + 3 units 96137), June 19, 2025 2 hours (4 units 96137)
- 96130 / 96131 June 3, 2025 1 hour (96130), June 19, 2025 (6 hours 96131), July 3, 2025 (6 hours 96131)

The NCCI Policy Manual at www.cms.gov, Chapter 11, (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. CPT Professional codebook instructions permit physicians to integrate other sources of clinical data into the report that is generated for CPT codes 96130-96133. 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 report does not list the start and end time of timed procedure codes 96131 to support the number of hours billed. The requestor has not supported their request for additional reimbursement of code 96131.

4. The maximum allowed reimbursement was calculated and the DWC finds no additional reimbursement is due to the requestor. The number of units submitted on the medical bill was not supported by the documentation included in this review. No additional reimbursement is due.

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

September 19, 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.

