



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Alison Walls PSYD

Respondent Name

Travelers Companies Inc

MFDR Tracking Number

M4-25-3420-01

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 |
|-------------------------|--------------------------|--------------------------|-------------------|
| May 28, 2025 | 90791-95 | \$0.07 | \$0.00 |
| May 28, 2025 | 96130-59-95 | \$0.05 | \$0.00 |
| May 28, 2025 | 96136-59-95 | \$0.02 | \$0.00 |
| May 28, 2025 | 96137-59-95 | \$0.05 | \$0.00 |
| May 28, 2025 | 96131-59-95 | \$2377.78 | \$0.00 |
| | Total | \$2,377.78 | \$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: \$2,377.78

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 reimbursed the maximum Medicare allowable units. The Carrier is reimbursing the maximum Medicare allowable of 7 units. As the documentation support 7 units of this CPT code, the Carrier is issuing supplemental reimbursement in the amount of \$1,280.02. With the supplemental reimbursement being issued, the Carrier contends the Provider is not entitled to additional reimbursement."

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.

Denial Reasons

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

- 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.
- 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.
- 9104/9102 – Payment upheld after receiving Fee Dispute. Decision not yet received.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 1001 – Based on 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.
- 2008 – Additional payment made on appeal/reconsideration.

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 \$2377.78 for professional medical services rendered on May 28, 2025. The respondent reduced payment based on fee schedule.

To determine if the respondent's reduction is supported, the DWC refers to the fee guideline for disputed services 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 refers 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 position statement 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).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment for location of service} = \text{MAR}$. The fee calculation based on the above is shown below.

- The DWC Conversion Factor for 2025 is 70.18
- The Medicare Conversion Factor for 2025 is 32.3465
- The carrier code is 04412
- The location zip code is 77042 (Houston) locality code 18

- 90791-95. $70.18/32.3465 \times \$170.09 = \369.03 . Carrier paid \$369.03. No payment is due.
- 96130-59-95. $70.18/32.3465 \times 120.39 = \261.20 . Carrier paid \$261.20. No payment is due.
- 96136-59-95. $70.18/32.3465 \times 41.47 = \89.97 . Carrier paid \$89.97. No payment is due.
- 96137-59-95. $70.18/32.3465 \times \$36.31 \times 7 \text{ units} = \551.46 . Carrier paid \$551.46. No additional payment is due.

3. The submitted medical bill indicates for code 96131, the number of units as thirteen. 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 19 hours of examination and testing on the disputed dates of service. The report indicates.

- 90791 – May 28, 2025 1 hour.
- 96136 / 96137 – May 28, 2025 2 hours (1 unit 96136 + 3 units 96137), June 2, 2025, 2 hours, (4 units 96137)
- 96130/96131 – May 28, 2025 1 hour (96130). June 2, 2025, 6 hours (96131), June 5, 2025 6 hours (96131)
- 90785 – May 28, 2025 1 hour.

The report does not list the start and end time 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 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 requestor is entitled to \$0.00 additional reimbursement for the disputed services.

Authorized Signature

October 8, 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.