



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso PSYD

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-25-3423-01

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 15, 2025	90791	\$12.15	\$0.00
May 15, 2025	96130 -59	\$10.72	\$0.00
May 15, 2025	96131-59	\$404.77	\$0.00
May 15, 2025	96136 -59	\$4.33	\$0.00
May 15, 2025	96137-59	\$352.78	\$0.00
Total		\$784.75	\$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: \$784.75

Respondent's Position

"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 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

- W3 – Bill is a reconsideration or appeal.
- 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 790 – This charge was reimbursed in accordance to the Texas Medical fee guideline.
- 947 – Upheld, no additional allowance has been recommended.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 3244 – The billing of the procedure code has exceeded the National Correct Coding Initiative Medical Unlikely Edits amount for the number of times this procedure can be billed on a date of service. An allowance has not been paid.

Issues

1. Is insurance carrier's denial supported?
2. What is the rule 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 respondent indicates in their position statement, "As to CPT codes 90791, 96130 and 96136..., ...The Carrier has reviewed the Maximum Allowable Reimbursement calculations and contents the Provider is not entitled to additional reimbursement."

As to CPT code 96131... ...The Medicare edits limit reimbursement for this code to 7 units per day under the Medicare Unlikely Edits. ...As to CPT code 96137... ...The Medicare edits limit reimbursement for this code to 11 units per day...

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 denial reasons are not supported. The MAR calculation and application of applicable DWC Rules are shown below.

2. The requester indicates additional reimbursement is requested for the following codes.
 - 90791– Psychiatric diagnostic evaluation
 - 96130-59 - 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
 - 96131-59 - 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)
 - 96136-59 - 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 - 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)

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). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance,

The fee calculation based on the above is shown below.

- 90791 – $70.18/32.3465 \times \$164.52$ (CMS fee schedule for location Rest of Texas, 2025) = \$356.95. Carrier paid \$356.95. No additional payment due.
- 96130 – $70.18/32.3465 \times \$115.47 = \250.53 . The carrier paid \$250.53. No additional payment is due.

- 96136 – $70.18/32.3465 \times \$39.48 = \85.66 . The carrier paid \$85.66. No additional payment is due.

3. The submitted medical bill indicates code 96131, the number of units as nine. The claim line for code 96137 indicates 15 units.

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 (page 2) that the claimant underwent a total of 19 hours of examination and testing on the disputed date of service. The report indicates.

- 90791 (description shown above) – May 15, 2025, one hour
- 96130 – May 15, 2025 one hour
- 96131 – May 15 – 2025 thru June 4, 2025, 9 hours
- 96136 – May 15, 2025, 30 minutes
- 96137 – May 15, 2025 – June 4, 2025, 7.5 hours

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 and 96137 to support the number of units billed. The requestor has not supported their request for additional reimbursement of code 96131 and 96137.

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 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

_____	_____	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 electrónico CompConnection@tdi.texas.gov.