TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Walls PSYD

Respondent Name

Great West

MFDR Tracking Number

M4-26-0424-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 14, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 30, 2025	96116-59	$184.01	$184.01
January 30, 2025	96136-95-59	$82.26	$82.26
January 30, 2025	96137-95-59	$668.16	$75.37
February 5, 2025	96132-95-59	$256.55	$256.55
February 10, 2025	96133-95-59	$2,725.24	$199.19
	Total	$3,916.22	$797.38

Requester's Position

"The carrier has not responded to a Request for Reconsideration after multiple attempts to contact them."

Amount In Dispute: $3,916.22

Respondent's Position

"The Austin carrier representative for Great West Casualty Co is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 16, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section 133.210 sets out the medical bill processing requirements for insurance carriers.
3. 28 TAC Section 133.240 sets out the insurance carrier's deadline to make or deny payment.
4. 28 TAC Section 134.203 sets out the fee guidelines for professional medical services.

Adjustment Reasons

- Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support claim was submitted within 95 days?
3. What rule applies to reimbursement?
4. Did the requester support the number of units submitted on the medical claim for code 96131 and 96133?
5. Is the requester due reimbursement?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered on

January 3, 2025 and February 5, 10, 2025. The carrier did not submit evidence of claim adjudication or a response to this request for MFDR. The amount that is in dispute is $3,916.22.

2. Review of the submitted documentation found evidence to support the medical bill was submitted to 800-833-1851. Information known by DWC indicates this number is associated with the carrier, Great West Casualty. 28 TAC Section 133.210(e) states, It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considerers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.

   Based on these findings, DWC finds evidence to support the medical bill was submitted timely to the insurance carrier.

   28 TAC Section 133.240(a) states, An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill. An insurance carrier's deadline to make or deny payment on a bill is not extended as a result of a pending request for additional documentation.

   As the insurance carrier provided no evidence of claim adjudication, the disputed charges will be reviewed per the applicable fee guideline.

3. The applicable fee guideline for the disputed services is found in 28 TAC Section 134.203(c)(1)(2) which 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:
   (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment for location where services are rendered = MAR.

   - The CMS physician fee schedule rates are published by carrier and locality.

- Disputed service was rendered in zip code 78228, locality 04412 99-Rest of Texas, San Antonio.
- The disputed date of service are in January and February of 2025.
- The 2025 DWC Conversion Factor is 70.18.
- The 2025 Medicare Conversion Factor is 32.3465.
- 96116 - 70.18/32.3465 x $87.04 = $188.84
- 96132 - 70.18/32.3465 x $122.81 = $266.45
- 96133 - 70.18/32.3465 x $91.81 = $199.19
- 96136 - 70.18/32.3465 x $39.48 = $85.66
- 96137 - 70.18/32.3465 x $34.74 = $75.37

4. The rule applicable to Medicare payment policy for coding is 28 TAC Section 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 Medicare National Correct Coding Initiative Policy Manual Chapter XI , Section M at https://www.cms.gov/files/document/11-chapter11-ncci-medicare-policy-manual-2025finalcleanpdf.pdf states, 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.

    Because these are time-based codes, the medical record documentation should contain the total time spent rendering and interpreting the service, including the stop and start time of test.
    The report does not list the start and end time to support the number of hours billed or that the services were distinct of the other services rendered.
    The requestor has not supported their request for the reported units of code 96131 for the date span January 30, 2025 to February 5, 2025 and code 96133 for the date span February 10-11, 2025. DWC ordered only one unit for each of these codes.

5. Review of the information available at the time of this review found the MAR is $815.51 the requested amount for the supported number of units is $797.38. This amount is

recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement is due.

Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. . It is ordered that Great West Casualty Co must remit to Alison Walls PSYD $797.38 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		January 15, 2026
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 Section 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 800-252-7031, option three 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.