



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Gabriel Jasso PSYD

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-0445-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 15, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 18, 2025	96116	\$.03	\$0.00
June 18, 2025	96121-59	\$.09	\$0.00
June 18, 2025	96132-59	\$.04	\$0.00
June 18, 2025	96133-59	\$1030.83	\$0.00
June 18, 2025	96136-59	\$.02	\$0.00
June 18, 2025	96137-59	\$157.69	\$0.00
	Total	\$1,188.70	\$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: \$1,188.70

Respondent's Position

"...The Respondent did not include documentation to support CMS' overriding of MUE for non-WC related billing. ...Documentation submitted for the HCP's initial billing and request for reconsideration does not support a total of 20 hours of testing and interpretation for the one date of service billed."

Response submitted by: Corvel

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:

- 59 – Distinct Procedure Service.
- RAI – Medically Unlike Edit: DOS exceeds MUE value.
- P13 – Payment reduced/denied based on state WC regs/policies
- P12 – Workers' Compensation State Fee Schedule Adj

Issues

1. Is the insurance carrier's reduction of disputed service supported?
2. Is additional reimbursement due after 2025 fee calculation per fee guideline?
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 \$1,188.70 for professional medical services rendered on June 18, 2025. The respondent reduced the amount billed based on Medicare's MUE values and workers' compensation fee guidelines..

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. DWC Rule 28 TAC §134.203 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..."

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 by carrier and location = MAR. In this instance.

- DWC 2025 Conversion Factor 70.18
- MC 2025 Conversion Factor 32.3465
- Location, Houston, TX – Carrier/location – 04412-18
- 96116. Carrier paid \$196.31. $70.18/32.3465 \times \$90.48 = \196.31 . No additional payment due.
- 96121-59. Carrier paid \$482.49. $70.18/32.3465 \times \$74.13 \times 3 = \482.50 . No additional payment due.
- 96132-59. Carrier paid \$277.24. $70.18/32.3465 \times \$127.78 = \277.24 . No additional payment due.
- 96136-59. Carrier paid \$89.97. $70.18/32.3465 \times \$41.47 = \89.97 . No additional payment due.

Based on the applicable DWC Fee guidelines for 2025 dates of service no additional payment is due for the codes shown above.

3. The following codes were reduced per Medicare Unlikely Edits (MUEs) as seen above, this reduction is in conflict with DWC Rules and will not be considered in this review.
 - 96133-59- 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)
 - 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)

The submitted medical bill indicates code 96133, the number of units as twelve and code 96137 units 13. 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 Medicare National Correct Coding Initiative Policy Manual Chapter XI , Section M at <https://www.cms.gov/files/document/11-chapter11-nci-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.

The requestor noted on the Psychological Evaluation Report that the claimant underwent a total of 20 hours of examination and testing on the disputed dates of service. The report indicates.

- 96136 – 06/18/2025 – 07/10/2025 12 hours.
- 96137 – 06/18/2025 – 07/10/2024 6.5 hours

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 additional reimbursement of code 96133 and 96137.

4. The payment made by the insurance carrier for codes 96116, 96121, 96132 and 96136 were per fee guidelines of 2025. 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 Gabriel Jasso 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

Signature

Medical Fee Dispute Resolution Officer

October 24, 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.