



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Occufit

Respondent Name

Sentinel Insurance Company LTD

MFDR Tracking Number

M4-26-0472-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 2, 2025	90791	\$207.00	\$207.00
June 2, 2025	96130	\$125.00	\$0.00
June 2, 2025	96138	\$50.00	\$0.00
June 2, 2025	96139	\$50.00	\$0.00
Total		\$495.00	\$207.00

Requester's Position

"Psychological evaluations do not require pre-authorization when used for a return-to-work program. The evaluation was used for the approval of chronic pain management program: authorization... 28 TAC 134.600 states in pertinent part, '(p) non-emergency health care requiring preauthorization includes... (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or division exempted return-to-work rehabilitation program.' Attachments: Health Insurance Claim Form, Explanation of Review, Chronic pain management approval letter and 06/02/2025 psychological report."

Amount in Dispute: \$495.00

Respondent's Position

"After further review of the documentation submitted with this dispute, there is no additional amount warranted. The original bill for dos 6/25/25 as received on 6/11/25 and denied as reimbursement being withheld utilization review until determined reasonable and necessary per adjuster's instructions."

Response Submitted by: The Hartford

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) Medical Dispute Resolution Procedures
2. [28 TAC §133.307](#) Medical Fee Dispute Resolution Process
3. [28 TAC §134.203](#) Fee Guidelines for Professional Medical Services
4. [28 TAC §134.600](#) Preauthorization, Concurrent Utilization Review, and Voluntary Health Care Certification
5. [TLC §413.014](#) Preauthorization for Concurrent Review and Certification of Health Care
6. [28 TAC §141.1](#) Dispute Resolution and Benefit Review Conferences Framework

Denial Reasons

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

- 197 – Payment denied/reduced for absence of precertification/authorization.
- UR01 – We are in receipt of your bill for services; reimbursement is being withheld per utilization review until determined reasonable and necessary.
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- W3 – Bills a reconsideration or appeal.
- 287 – An itemized billing of the time spent performing this service is needed for further review.
- 943 – Documentation does not support billed charge. No recommendation of payment can be made.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. What are the services in dispute?
2. Was preauthorization required for the psychological evaluation, billed under CPT code 90791 in dispute?
3. Is preauthorization required for CPT codes 96130, 96138, and 96139?
4. What is the recommended reimbursement amount for CPT code 90791?

Findings

1. The requester seeks reimbursement in the amount of \$495.00 for psychological services, billed with CPT codes 90791, 96130, 96138, and 96139 and provided on June 2, 2025.

Rule 28 Texas Administrative Code (TAC) §134.203, mandates the use of Medicare payment policies for coding, billing, reporting, and reimbursement in the Texas Workers' Compensation system.

Under 28 TAC §134.203(a)(5), "Medicare payment policies" refer to methodologies and coding policies set by the Centers for Medicare and Medicaid Services (CMS).

The requester billed the following CPT codes, rendered on June 2, 2025 and are described as:

- 90791 – Psychiatric diagnostic evaluation – This is not a timed procedure
 - 96130 – 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
 - 96138 – Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
 - 96139 – Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
2. The disputed service, CPT code 90791, was audited and denied by the insurance carrier, citing the absence of required pre-certification/authorization.

The requester asserts that "psychological evaluation does not require preauthorization," noting the service was part of a return-to-work rehabilitation program.

Under 28 TAC §134.600(p)(7), *"non-emergency health care requiring preauthorization includes... all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when the service is part of a preauthorized or division-exempted return-to-work rehabilitation program."*

Review of the carrier's documentation shows insufficient evidence that the disputed service was a repeat interview. Therefore, the denial reason is not supported.

The Division finds that the disputed service, CPT code 90791, does not require preauthorization under 28 TAC §134.600(p)(7). Accordingly, the requester is entitled to reimbursement.

3. The requester seeks reimbursement for psychological testing performed on June 2, 2025, billed under CPT codes 96130, 96138, and 96139.

Per 28 TAC §134.600(p)(7), preauthorization is required for all psychological testing, psychotherapy, repeat interviews, and biofeedback, except when part of a preauthorized or division-exempted return-to-work rehabilitation program.

The requester indicates that preauthorization was not required because the evaluation was conducted to support approval of a chronic pain management program associated with return-to-work effort.

However, review of the submitted documentation finds insufficient evidence that these services were part of a preauthorized return-to-work rehabilitation program.

The Division concludes that the psychological testing performed on June 2, 2025 under CPT codes 96130, 96138, and 96139 required preauthorization. Therefore, reimbursement cannot be recommended.

4. Per 28 TAC §134.203(c)(1) applies to the reimbursement determination of CPT code 90791: "To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply Medicare payment policies with minimal modifications. For services performed in an office setting, the established DWC conversion factor is \$52.83..."

WC Conversion Factor ÷ Medicare Conversion Factor) × Medicare Payment = MAR

- Date of Service: June 2, 2025
- Service Location: ZIP Code 78504 (Rest of Texas; Carrier: 4412; Locality 99)
- Participating Provider Rate: CPT code 90791 = \$164.52
- MAR: \$356.95
- Amount Billed: \$270.00
- Amount Paid: \$0.00
- Amount Sought: \$207.00
- Amount Recommended: \$207.00

The requester is entitled to reimbursement in the amount of \$207.00 for CPT code 90791, rendered on June 2, 2025.

Conclusion

The resolution of this medical fee dispute is determined by the evidence provided by both the requester and the respondent during the adjudication process. While not all evidence may have been thoroughly discussed, all relevant information was considered in reaching a decision.

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

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requester \$207.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

_____	_____	November 21, 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 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 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 512-804-4812.