



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Alison Walls PSYD

**Respondent Name**

ZNAT Insurance Co

**MFDR Tracking Number**

M4-26-1055-01

**Insurance Carrier's Austin Representative**

BOX 47 Burns Anderson Jury Brenner & Donovan

**DWC Date Received**

December 10, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 26, 2025	90791	\$.07	\$0.00
April 26, 2025	96136-59-95	\$89.89	\$0.00
April 26, 2025	96137-59-95	\$551.53	\$0.00
April 26, 2025	96130-59-95	\$261.25	\$0.00
April 26, 2025	96131-59-95	\$2560.45	\$0.00
<b>Total</b>		<b>\$3463.30</b>	<b>\$0.00</b>

### 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:** \$3,463.30

## Respondent's Position

"On June 10, 2025, Zenith Insurance Company ("Zenith") processed for a payment of \$369.03 on check number 219084. The Explanation of Payment advised the provider of the adjustment. ...On June 09, 2025, Zenith processed an additional payment of \$3,096.95. The EOP advised the provider of the adjustment. ...CPT codes 96131-59-95... ...The provider's report confirms a total time spent of 13 hours. Therefore, CPT code 96131 was reimbursed based upon the documented hours at \$2,194.34. No additional payment is due.

**Response Submitted By:** The Zenith

## 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 [134.203](#) sets out the fee guidelines for professional medical services.

### Adjustment Reasons

- 16 – Claim/service lacks information or has submission/billing error(s).
- M127 – Missing patient medical record for this service.
- MA27 – Missing/incomplete/invalid entitlement number or name shown on the claim.
- MA30 – Missing/incomplete/invalid type of bill.
- N130 – Consult plan benefit documents/guidelines for information about restrictions for this service.
- N179 – Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
- N45 – Payment based on authorized amount.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 375 – Please special \*Note\* below.
- G15 – Pricing is calculated based on the medical professional fee schedule value.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- Note – Upon further review, additional allowance is recommended. CPT 96131 priced based on documented units.

### Issues

1. What is DWC considering in this medical fee dispute?
2. What rule applies to reimbursement?
3. Did the requester support the number of units submitted on the medical claim for code 96131?
4. Is the requester due additional payment?

### Findings

1. The requestor is seeking reimbursement of professional medical services rendered on April 26, 2025, May 9, 2025 and May 15, 2025. The carrier reduced the payment amount amounts based on workers' compensation fee schedule and documented number of units. The supported amount of payments is \$369.03 on June 10, 2025 and \$3,096.85 on July 9, 2025 for a total payment of \$3,465.88. The amount that remains in dispute is \$369.03.
2. 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:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment for location where services are rendered} = \text{MAR}$ .

- The CMS physician fee schedule rates are published by carrier and locality.
- Disputed service was rendered in zip code 77042, locality 04412 18, Houston.
- The disputed date of service are in April and May of 2025.

- The 2025 DWC Conversion Factor is 70.18.
  - The 2025 Medicare Conversion Factor is 32.3465.
  - $70.18/32.3465 \times \$170.09$  (90791) = \$369.03. The carrier paid \$369.03.
  - $70.18/32.3465 \times \$120.39$  (96130) = \$261.20. The carrier paid \$261.20.
  - $70.18/32.3465 \times \$41.47$  (96136) = \$89.97. The carrier paid \$89.97.
  - $70.18/32.3465 \times \$36.31$  (96137) = \$551.46. The carrier paid \$551.46.
3. 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 additional reimbursement of code 96131.

4. Review of the information available at the time of this review found the insurance carrier paid the MAR for the disputed codes 90791 -59, 96136-59 -95, 96137 -59 -95, 96130 -59-95. The submitted information for code 96131 did not indicate the start and end time to support the number of units submitted on the medical bill. No additional payment 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 not 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 \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	January 14, 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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).