



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Alison Walls PSYD

**Respondent Name**

New Hampshire Insurance Company

**MFDR Tracking Number**

M4-26-1356-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

January 15, 2026

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 15, 2025	96116-95	\$7.50	\$0.00
September 15, 2025	96132-59-95	\$10.83	\$0.00
September 15, 2025	96133-59.95	\$3091.85	\$0.00
September 15, 2025	96136-59-95	\$4.33	\$0.00
September 15, 2025	96131-59-95	\$30.78	\$0.00
<b>Total</b>		<b>\$3,145.09</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:** \$3,145.09

## Respondent's Position

"CPT code 96133 should be billed with the primary code on the same day based upon the billing rules. The other codes were reimbursed based upon the Texas Medical Fee Guidelines. The Provider is not entitled to any additional reimbursement."

**Response Submitted By:** Flahive, Ogden & Latson

## 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

1. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
2. 309 – The charge for this procedure exceeds the fee schedule allowance.
3. 3452 – Modifier 95-Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system.
4. 292 – This procedure code is only reimbursed when billed with the appropriate initial base code.
5. X598 – Claim has been re-evaluated based on additional documentation submitted; No additional payment due.
6. 86 – Service performed was distinct or independent from other services performed on the same day.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Is the denial of code 96133-59-95 supported?
3. What rule is applicable to reimbursement?
4. Is the requester entitled to additional reimbursement?

### Findings

1. The requester is seeking additional reimbursement for professional medical services for dates of service September 5, 2025 – October 6, 2025. The insurance carrier reduced the

payment amount based on fee schedule allowable and denied code 96131 based on add-on code edits.

2. The code 96133 -59-95 was denied as not being billed with appropriate base code.

28 TAC Section 134.203(b) 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 (PSA)

The Medicare payment policy regarding add on codes is found at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-add-code-edits>, states, "CMS divided the AOCs into three types to distinguish the payment policy for each type:

#### **TYPE 1**

A Type 1 AOC has a limited number of identifiable primary procedure codes. The Change Request (CR) lists the Type 1 AOCs with their acceptable primary procedure codes. A Type 1 AOC, with one exception, is eligible for payment if one of the listed primary procedure codes is also eligible for payment to the same practitioner for the same patient on the same date of service. **Type 1 AOCs are never paid unless a listed primary procedure code is also paid."**

Review of the Add-on Code edit list from CMS found code 96133 is a Type 1 code and the Primary Code is 96116. The date of service on the medical bill for code 96116 is September 15, 2025. The date of service on the medical bill for code 96133 is October 2-6, 2025. As shown above, the applicable Medicare payment indicates a Type 1 add-on code is eligible for payment to the same practitioner for the same patient on the same date of service.

As code 96133 has a different date of service than code 96116 the insurance carrier's denial is supported.

3. The fee that governs the reimbursement of professional medical services is 28 TAC §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:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$ .

- The CMS physician fee schedule rates are published by carrier and locality.
  - Disputed service was rendered in zip code 778415 locality 04412 99, Rest of Texas.
  - The disputed date of service is September 15, 2025 through October 2, 2025.
  - The 2025 DWC Conversion Factor is 70.18.
  - The 2025 Medicare Conversion Factor is 32.3465.
  - $96116-95 - 70.18/32.3465 \times \$87.04 = \$188.84$ . The carrier paid \$188.84.
  - $96132-59-95 - 70.18/32.3465 \times \$122.81 = \$266.45$ . The carrier paid \$266.45.
  - $96136-59-95 - 70.18/32.3465 \times \$39.48 = \$85.66$ . The carrier paid \$85.66.
  - $96137 -59-95 - 70.18/32.3465 \times \$34.74 \times 9 = \$678.36$ . The carrier paid \$678.33.
4. Review of the information available at the time of this review found the denial of code 96131-59-95 is supported and the other services in dispute were paid at MAR. 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**

_____	_____	February 23, 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).