



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso, PSYD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-1740-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

February 19, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
July 9, 2025	90791-95	\$12.15	\$0.00
July 9, 2025	96130-59-95	\$10.72	\$0.00
July 9, 2025	96131-59-95	\$50.13	\$0.00
July 9, 2025	96136-59-95	\$4.33	\$0.00
July 9, 2025	96137-59-95	\$10.26	\$0.00
July 9, 2025	96138-59-95	\$4.53	\$0.00
July 9, 2025	96139-59-95	\$49.83	\$0.00
Total		\$141.95	\$0.00

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: \$141.95

Respondent's Position

"Texas Mutual received the attached medical bill and processed it per applicable rules and fee schedules as shown by the attached explanation of benefits. Our position is that no additional payment is due."

Response Submitted By: Texas Mutual Insurance Co.

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

The insurance carrier reduced payment for the disputed services with the following reasons:

P12 – Workers' compensation jurisdictional fee schedule adjustment.

G15 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.

790 - THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE.

193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

W3 & 350 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL

DC4 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. What are DWC's findings from the review of disputed procedure code 90791-95?
4. What are DWC's findings from the review of disputed procedure codes 96130-59-95 and 96131-59-95?

5. What are DWC's findings from the review of disputed procedure codes 96136-59-95, 96137-59-95, 96138-59-95, and 96139-59-95?
6. Is the requester entitled to additional reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) review involves professional medical services referred by a designated doctor for additional testing and evaluation billed on dates of service July 9, 2025, through August 30, 2025. The requester appended each disputed CPT code on the medical bill with modifier "95" which indicates a "Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system."

A review of the submitted explanation of benefits (EOB) finds that the insurance carrier has previously allowed reimbursement in the total amount of \$3,342.77 for the services in dispute. The requester is seeking additional reimbursement in the amount of \$141.95.

DWC will review the disputed CPT codes in accordance with applicable Statutes and Rules to determine if additional reimbursement is due.

2. The procedure codes in question are considered professional medical services.

Billing and reimbursement policies for professional medical services are found in 28 TAC Section 134.203, which states, in relevant part: "(b) 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."

Reimbursement fee guidelines for professional medical services are addressed in 28 TAC Section 134.203(c), which states in relevant part: "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 ..."

3. The requester is seeking additional reimbursement for CPT code 90791-95 in the amount of \$12.15. CPT code 90791 is described as a psychiatric diagnostic evaluation, which is a comprehensive assessment conducted by a psychiatrist or by a licensed mental health professional. This evaluation encompasses a thorough collection of the patient's medical and psychiatric history, alongside a detailed mental status examination. During this process, the psychiatrist may order laboratory tests and other diagnostic studies, interpreting the results as part of the evaluation. Additionally, the psychiatrist engages in communication with other relevant sources or informants to gather further insights into the patient's condition.

DWC finds that the submitted documentation supports the performance of this service as defined. A review of the submitted EOB finds that the insurance carrier reimbursed this procedure code in the amount of \$356.95. DWC will review procedure code 90791 in later findings for entitlement to additional reimbursement.

4. The requester is seeking additional reimbursement for CPT codes 96130-59-95 and 96131-59-95. On the disputed date of service, the requester billed one unit of CPT code 96130-59-95 and billed nine units of 96131-59-95.

CPT codes 96130 and 96131 are used for psychological testing services; CPT code 96130 is reported for the first hour of psychological testing evaluation, which includes interpreting test results, integrating information, and writing reports. CPT code 96131 is an add-on code for each additional hour of the same services provided under 96130. The requester appended the procedure codes with modifier "59" to indicate that the service is distinct from other services billed on the same day. The requester also appended the disputed procedure codes with modifier "95" indicating that the service was rendered via a real-time interactive audio and video telecommunications system.

The Medicare National Correct Coding Initiative Policy Manual (NCCI) manual found at www.cms.gov, Chapter XI, Evaluation and Management Services, CPT Codes 90000 – 99999, Section M, 2, states, ***The psychiatric diagnostic interview examination (CPT codes 90791, 90792), 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. 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.***

A review of the submitted medical record finds insufficient time tracking evidence to support the time and units billed for the disputed CPT code 96131. Therefore, additional reimbursement is not recommended for disputed CPT code 96131-59-95 billed for dates of service July 9, 2025, through August 7, 2025.

DWC finds that the submitted documentation supports the performance of one unit of CPT code 96130 as defined. Per the submitted EOB, the insurance carrier allowed reimbursement in the amount of \$250.53 for this procedure code. DWC will review procedure code 96130 in later findings for entitlement to additional reimbursement.

5. The requester is seeking additional reimbursement for disputed procedure codes 96136-59-95, 96137-59-95, 96138-59-95, and 96139-59-95.

Procedure code 96136 is defined as, "Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes. A physician, other qualified health care professional, or technician administers and scores two or more psychological or neuropsychological tests by any method ... neuropsychological testing consists of a series of tests in thinking, reasoning, judgment, and memory to evaluate the patient's neurocognitive abilities. Report 96136 for the initial 30 minutes of time by a physician or other qualified health care professional and 96137 for each additional 30 minutes." Disputed procedure code 96137 is a timed add-on code for procedure code 96136.

A review of the documentation provided supports that the service described above for procedure code 96136 was performed by the requester for tests administered and scored within the billed dates of service. DWC will review procedure code 96136 in later findings for entitlement to additional reimbursement.

The report does not list the start and end time to support the number of hours billed for add-on timed procedure code 96137; therefore, additional reimbursement is not recommended for this code as defined.

Procedure code 96138 is defined as "Psychological or neuropsychological test administration and scoring **by technician**, two or more tests, any method; first 30 minutes; When **a technician** performs the test administration and scoring, report 96138 for the initial 30 minutes and 96139 for each subsequent 30-minute time period."

DWC notes that procedure code **96136** is to be reported for test administration and scoring rendered **by a physician or other qualified health care professional** and that procedure code **96138** is to be reported **when a technician performs** test administration and scoring. Procedure codes 96137 and 96139 are timed add-on codes to 96136 and 96138, respectively.

A review of the submitted medical report does not support testing administration and scoring provided by a technician within the billed dates of service. Therefore, DWC cannot recommend additional reimbursement for disputed procedure codes 96138-59-95 and 96139-59-95 billed on disputed dates of service July 9, 2025, through August 30, 2025.

6. The requester is seeking additional reimbursement in the amount of \$141.95 for the services in dispute. As established in previous findings, the procedure codes DWC will review for

entitlement to additional reimbursement are procedure codes 90791, 96130, and 96136.

In accordance with 28 TAC Section 134.203, to determine the MAR, the following formula is used:

$(\text{DWC Conversion Factor}/\text{Medicare Conversion Factor}) \times \text{Medicare Participating Amount}$.

- The rendering date of service is July 9, 2025.
- The DWC conversion factor for 2025 is 70.18.
- The Medicare conversion factor for the disputed date of service is 32.3465.
- Per the submitted medical bills, the services were rendered in zip code 79703 which is in Medicare locality 99, "Rest of Texas."

CPT code 90791

- The Medicare participating amount for CPT code 90791 is \$164.52.
- Using the formula above, the MAR is \$356.95.
- The insurance carrier paid \$356.95.
- Additional reimbursement is not recommended.

CPT code 96130

- The Medicare participating amount for CPT code 96130 is \$115.47
- Using the formula above, the MAR is \$250.53.
- The insurance carrier paid \$250.53.
- Additional reimbursement is not recommended.

CPT code 96136

- The Medicare participating amount for CPT code 96136 is \$39.48.
- Using the formula above, the MAR is \$85.66.
- The insurance carrier paid \$85.66.
- Additional reimbursement is not recommended.

DWC finds that the requester is not entitled to additional reimbursement for the disputed services billed on July 9, 2025.

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 additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 7, 2026
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 electrónico CompConnection@tdi.texas.gov.