TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Alison Walls PSYD

Respondent Name

Liberty Insurance Corporation

MFDR Tracking Number

M4-26-2937-01

Insurance Carrier's Austin Representative

BOX 60 Downs Stanford PC

DWC Date Received

June 15, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 5, 2025	96116-95	$0.03	$0.00
December 5, 2025	96132-59-95	$0.04	$0.00
December 5, 2025	96133-59-95	$2885.54	$0.00
December 5, 2025	96136-59-95	$0.02	$0.00
December 5, 2025	96137-59-95	$0.09	$0.00
	Total	$2,885.72	$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: $2,885.72

Respondent's Position

"The December 17, 2025 date of service for CPT code 96133 was denied appropriately, as the initial based code 96132 must be billed on the same date of service. Although the provided billed 96132 on December 5, 2025, t was not billed on the same date of service as 96133 on December 17, 2025,"

Response Submitted By: Liberty Mutual

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 denied payment for the disputed services with the following reasons:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 193 – Original payment decision is being maintained. Upon review, it was determined that his claim was processed properly.
- 86 – Service performed was distinct or independent from other services performed on the same day.
- 292 – This procedure code is only reimbursed when billed with the appropriate initial base code.

Issues

1. What is DWC considering in this medical fee dispute?

2. Is the insurance carrier's denial of code 96133 supported?

3. What rule is applicable to reimbursement?

4. Has DWC determined whether additional reimbursement is due?

Findings

1. The requester seeks reimbursement of professional medical services rendered on December 5, 2025 in the amount of $2,885.72. The insurance carrier denied code 96133-59-95 in full stating this code must be billed with the appropriate initial base code. DWC will consider the applicable DWC rules and fee guidelines to determine if the insurance carrier's denial is supported and if additional reimbursement is due.

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 December 5, 2025. The date of service on the medical bill for code 96133 is December 17, 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:

(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = 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, Texas.
- The disputed date of service is December 5 - 17, 2025, 2025.
- The 2025 DWC Conversion Factor is 70.18.
- The 2025 Medicare Conversion Factor is 32.3465.
- 96116 – 70.18/32.3465 x $90.48 = $195.86. The carrier paid $196.31. Zero due.
- 96132-59-95 – 70.18/32.3465 x $127.78 = $277.24. The carrier paid $277.24. Zero due.
- 96136-59-95 – 70.18/32.3465 x $41.47 = $89.77. The carrier paid $89.77. Zero due.
- 96137 – 70.18/32.3465 x $36.31 = $78.60 x 9 = $707.38. The carrier paid $709.02. Zero due.

4. Review of the information available at the time of this review found the denial of code 96133-59-95 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 the 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 and 413.019, DWC has determined the requester is entitled to $0.00 additional reimbursement for the disputed services. Click or tap here to enter text.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 23, 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 electronico CompConnection@tdi.texas.gov.