



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH AND ASSOCIATES

MFDR Tracking Number

M4-16-1438-01

MFDR Date Received

January 29, 2016

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative

Box Number 54

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This was the first diagnostic interview performed on this patient, when calling to check the claim and the compensable injury we were also told that no other interview had been done."

Amount in Dispute: \$286.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided a psychiatric diagnostic evaluation on 5/7/14 and then billed Texas Mutual and was paid by Texas Mutual for that. (Attachment) The requestor provided a repeat evaluation on 2/2/15. Rule 134.600(p)(7) states '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' require preauthorization. Texas Mutual reviewed its claim file and (a) found no return-to-work rehabilitation program associated with date 2/2/15 and (b) no preauthorization request for the repeat evaluation. No payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Table with 4 columns: Dates of Service, Disputed Services, Amount In Dispute, Amount Due. Row 1: February 2, 2015, 90791, \$286.00, \$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the procedures for preauthorization, concurrent utilization review and voluntary certification of health care.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- CAC 197 - Precertification/authorization/ notification absent. Pre-authorization required, reimbursement denied
- 930 - Pre-authorization required, reimbursement denied
- CAC W3 -This bill has been identified as a reconsideration or appeal
- 193 - Original payment decision is being maintained
- 891 - No additional payment after reconsideration

**Issues**

1. Did the requestor obtain preauthorization for the disputed service?
2. Is the requestor entitled to reimbursement?

**Findings**

1. The requestor seeks reimbursement for CPT code 90791 rendered on February 2, 2015. The insurance carrier with payment reduction codes, "197 – Precertification/authorization / notification absent, denied/reduced the disputed service. Pre-authorization required, reimbursement denied" and "930 – Pre-authorization required, reimbursement denied" denied/reduced the disputed service.

28 Texas Administrative Code §134.600(p)(7) states, "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..."

The requestor indicates in their position summary the following, "This was the first diagnostic interview performed on this patient, when calling to check the claim and the compensable injury we were also told that no other interview had been done."

Review of the submitted documentation finds that the insurance carrier submitted sufficient documentation to support that CPT Code 90791 was initially provided by Nueva Vida Behavioral Health on May 7, 2014. The documentation supports that the requestor billed and was reimbursed for CPT Code 90791 rendered on May 7, 2014. As a result, CPT Code 90791 rendered on February 2, 2015 is a repeat interview and subject to the provisions 28 Texas Administrative Code §134.600(p) (7). The requestor submitted insufficient documentation to support that preauthorization was obtained for this service; as a result, the requestor is not entitled to reimbursement for CPT Code 90791.

2. The Division finds, that the requestor is not entitled to reimbursement for disputed CPT Code 90791 rendered on February 2, 2015.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	February 18, 2016 Date
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**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

***Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.***