



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

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-2790-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

July 29, 2020

Response Submitted by:

Texas Mutual Insurance Company

REQUESTOR'S POSITION SUMMARY

"According to Texas Medical Fee Guidelines, the CPT code 96152 considers psychological interventions as necessary to address non-compliance with the treatment plan, and/or the psychological, behavioral, emotional, cognitive, or social factors associated with a newly diagnosed medical condition or an exacerbation of an established medical condition when such factors affect symptom management and expression and health promoting behaviors. Further, the Health and Behavior Intervention (96152) is described as an individual face-to-face (4 units at 15 minutes each), session that does not require pre-authorization."

RESPONDENT'S POSITION SUMMARY

"Dates of service 8/27/2019 have been reviewed. Texas Mutual agrees with the documentation in part that 96152 is consistent with psychological interventions. Though treatment is addressing the mental status and behavioral observations, as well as psychosocial stressors of the patient, behavioral interventions is not considered reasonable and necessary for whom there is no documented indication that a biopsychosocial condition or factor may be significantly affecting the treatment or medical management of an injury or illness. Documentation from the treating provider (Dr. Cantu) shows the patient is compliant with treatment, upon examination of review of symptoms it is documented the patient was negative for any psychiatric factors such as anxiety, depression and difficulty sleeping. Cognitive function intact, cooperative. The referral from the treating provider was for counseling (noted in preventive medicine) for dietary management education. guidance. and counseling. nutritional/feeling management due to above normal BML Medicare considers the following services as not considered reasonable and necessary, therefore not covered: maintain the patient's existing health and overall well-being, provide personal, social, recreational, and general support services such as tobacco or caffeine withdraw, weight loss management, maintenance of behavior logs. Texas Mutual maintains its position on denial in accordance with DWC rules and/or medical fee guideline."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
August 27, 2019	96152 (4 units)	\$102.00	\$102.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code (TLC) §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
3. 28 TAC §134.204 sets out the fee guidelines for the workers' compensation specific services.
4. 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system
5. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
 - CAC-W3 – IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
 - CAC-16 – CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION.
 - CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - 225 – THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
 - 350 – IN ACCORDANCE WITH TDI DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
 - 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES.
 - 892 – DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS.

Issue(s)

1. Does the respondent's position statement address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed?
2. Is the insurance carrier's denial reason supported?
3. What is the MAR reimbursement for CPT Code 96152?
4. Is the requestor entitled to reimbursement for CPT Code 96152 rendered on August 27, 2019?

Findings

1. The requestor seeks reimbursement for CPT Code 96152 rendered on August 27, 2019. The insurance carrier states, "Texas Mutual agrees with the documentation in part that 96152 is consistent with psychological interventions. Though treatment is addressing the mental status and behavioral observations, as well as psychosocial stressors of the patient, behavioral interventions is not considered reasonable and necessary for whom there is no documented indication that a biopsychosocial condition or factor may be significantly affecting the treatment or medical management of an injury or illness."

28 TAC §133.307(d)(2)(F) states that " The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review."

The additional denial reason raised by the insurance carrier in the position statement does not match the explanation of benefits submitted by the requestor (as enumerated in the Background section above). The respondent did not submit information to MFDR sufficient to support that the reasonable and necessary issue raised has been presented to the requestor or that the requestor had otherwise been informed of these new reasons or defenses prior to the date that the request for medical dispute resolution was filed with the DWC; therefore, the DWC concludes that the respondent has waived the right to raise such additional denial reasons or defenses. Any newly raised denial reasons or defenses shall not be considered in this review.

2. The respondent denied reimbursement for CPT code 96152 based upon denial reason, "225- THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION."

28 TAC §134.203 (b) states in pertinent part, "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

CPT Code 96152 is described as "Health and behavior intervention, each 15 minutes, face-to-face; individual."

Review of the documentation submitted by the requestor supports the documentation of CPT Code 96152, as a result, the requestor is entitled to reimbursement for the disputed services.

3. The fee guideline for disputed services is found at 28 TAC§134.203.

Per 28 TAC §134.203(c)(1)(2), "To determine the 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. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(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. The following hypothetical example illustrates this annual adjustment activity if the DWC had been using this MEI annual percentage adjustment: The 2006 DWC conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) DWC conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

- The 2019 DWC conversion factor for this service is 59.19. The Medicare Conversion Factor is 36.0391
- Review of Box 32 on the CMS-1500 the services were rendered in San Antonio, Texas; therefore, the Medicare locality is "Rest of Texas."
- The Medicare participating amount for code 96152 at this locality is \$20.87.
- Using the above formula, the MAR is \$34.28/unit. The requestor billed for 4 units; therefore,
- $\$34.28 \times 4 = \137.11 . The lesser of the MAR and the sought amount is \$102.00, therefore this amount is recommended. The respondent paid \$0.00. The DWC finds, the requestor is due reimbursement of \$102.00.

4. Review of the submitted documentation finds that the requestor is entitled to a total reimbursement amount of \$102.00. Therefore, this amount is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$102.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of TLC Sections 413.031 and 413.019 (if applicable), the DWC has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of \$102.00 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		August 28, 2020
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 in accordance with 28 TAC §133.307, 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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR 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 DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).

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