



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 BEHAVIORLA HEALTH

Respondent Name

FEDERATED MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-2855-01

Carrier's Austin Representative

Box Number 1

MFDR Date Received

August 5, 2020

Response Submitted by:

Parker & Associates, L.L.C.

REQUESTOR'S POSITION SUMMARY

"...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

"The services provided include psychological services. DWC Rule 134.600 (p)(7) provides that 'all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program' requires preauthorization except in an emergency. Requestor did not seek preauthorization for the services provided, and they were denied on that basis."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
October 8, 2019 through December 23, 2019	96152 (4 units) x 9 DOS	\$918.00	\$918.00

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

- 28 Texas Administrative Code (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
- 28 TAC §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
- 28 TAC §137.100 effective January 18, 2007, sets out the use of the treatment guidelines.
- 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
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – Precertification/authorization/notification absent
 - 903 – Pre-authorization required; reimbursement denied

Issue(s)

1. What is the definition of CPT Code 96152?
2. Does CPT Code 96152 require preauthorization?
3. What is the applicable rule for determining reimbursement for the disputed services?

Findings

1. 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."

2. The requestor seeks medical fee dispute resolution in the amount of \$918.00 for CPT code 96152 rendered on October 8, 2019 through December 23, 2019.

The respondent denied reimbursement for CPT code 96152 based upon a lack of preauthorization.

28 TAC §134.600(p)(12) requires preauthorization for "treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier."

According to the *Low Back* Chapter of the *Official Disability Guidelines* (ODG), behavioral treatment is recommended treatment for claimant's with chronic low back pain and delayed recovery; therefore, the disputed health and intervention did not require preauthorization. The respondent's denial of payment based upon a lack of preauthorization is not supported.

3. The fee guideline for the professional services rendered on October 8, 2019 through December 23, 2019 are found at 28 TAC §134.203. Therefore, reimbursement for CPT Code 96152 is determined based on that rule.

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 a day; therefore, \$34.28 X 4 = \$137.11. The requestor is seeking a lesser amount of \$102.00. The respondent paid \$0.00. The DWC finds, the requestor is due reimbursement of \$102.00 x 9 DOS = \$918.00.

Review of the submitted documentation finds that the requestor is entitled to reimbursement for CPT Code 96152 rendered on October 8, 2019 through December 23, 2019 in the amount of \$918.00.

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 \$918.00.

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 additional reimbursement for the services involved in this dispute. The DWC hereby ORDERS the respondent to remit to the requestor the amount of \$918.00 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	August 25, 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.