



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

HARTFORD CASUALTY INSURANCE COMPANY

MFDR Tracking Number

M4-21-0025-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

September 8, 2020

Response Submitted by:

The Hartford

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

"Services in dispute were not authorized, The Provider is billing psychological therapy for treatment of the patient's..., etc. But yet they are billing with a diagnosis code of A PLN 11 was filed on 10/18/19 & 03/16/20 disputing... ."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
November 26, 2019 and December 3, 2019	96152 x 2	\$180.00	\$180.00

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 §137.100, sets out the treatment guidelines.
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:
 - 15 – PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.
 - 293 – THIS PROCEDURE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED.
 - AUTH – PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION. PRE-AUTHORIZATION WAS NOT OBTAINED AND TREATMENT WAS RENDERED WITHOUT THE APPROVAL OF TREATING DOCTOR.
 - W3 – ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION

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. What is the definition of CPT Code 96152?
3. Does the dispute service require preauthorization?
4. What is the applicable rule for determining reimbursement for the disputed services?
5. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks payment for CPT Code 96152 rendered on November 26, 2019 and December 3, 2019.

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 respondent submitted a position summary which states, "The Provider is billing psychological therapy for treatment of the patient's..., etc. But yet they are billing with a diagnosis code of A PLN 11 was filed on 10/18/19 & 03/16/20 disputing..."

The additional denial reason raised in the position summary, does not match the EOB's submitted by the requestor. The respondent did not submit information to MFDR sufficient to support that the additional denial of extent of injury was presented to the requestor during the medical bill review process and 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. 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 defined as "Health and behavior intervention, each 15 minutes, face-to-face; individual."

3. The respondent denied the disputed service based on lack of preauthorization.

28 TAC §134.600 states, "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 Head Chapter of the *Official Disability Guidelines* (ODG), behavioral treatment is recommended; 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.

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

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

- 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 2 units for date of service, November 26, 2019
\$34.28 X 2 = MAR \$68.56
- The requestor billed for 4 units for date of service, December 3, 2019
\$34.28 X 4 = MAR \$137.12
- The respondent paid \$0.00. The DWC finds, the requestor seeks \$180.00, therefore, this amount is recommended.

5. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$180.00.

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 \$180.00.

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 \$180.00 plus applicable accrued interest per 28 TAC §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 1, 2020
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 DWCO45M** 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.