



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

NEW YORK MARINE & GENERAL INSURANCE CO

MFDR Tracking Number

M4-21-1425-02

Carrier's Austin Representative

Box Number 17

MFDR Date Received

April 13, 2021

Response Submitted by:

Smith & Carr, P.C.

REQUESTOR'S POSITION SUMMARY

"The requestor did not submit a position summary for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review."

RESPONDENT'S POSITION SUMMARY

"Requestor attached a partial preauthorization to their request. The preauthorization clearly demonstrates that the treatment was preauthorized based on conditions that are not part of the injury. The services provided were not healthcare necessary for the compensable injury. Although Requestor submitted diagnosis codes for the accepted injury, the preauthorization shows that the conditions the treatment was requested for are not part of the compensable injury and are disputed conditions. Requestor's request for Medical Fee Dispute Resolution should be denied."

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Due
November 17, 2020	90791, 96130, 96131, 96138 and 96139	\$1,402.50	\$827.53

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 §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

4. 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
 - W3 - ADDITIONAL PAYMENT MADE ON APPEAL/RECONSIDERATION.
 - 293 - THIS PROCEDURE REQUIRES PRIOR AUTHORIZATION AND NONE WAS IDENTIFIED
 - NOTE: SERVICES ARE NOT AUTHORIZED

Issue(s)

1. Does the insurance carrier's position statement address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed?
2. What are the payment reduction codes?
3. Did the insurance carrier support the denial reason(s)?
4. What is the MAR for the services in dispute?
5. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement professional services rendered on November 17, 2020. The insurance carrier denied/reduced the disputed service(s) with denial reduction code(s), "15" and "293" (Descriptions provided above).

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 states in pertinent part, "The services provided were not healthcare necessary for the compensable injury."

The additional denial reasons raised in the position summary do not match the explanation of benefits submitted by the requestor. The respondent did not submit information to MFDR sufficient to support that the additional reasons for denial were presented to the requestor or that the requestor had otherwise been informed of these new denial 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 requestor billed the following CPT Codes:
 - 90791 – Psychiatric diagnostic evaluation – This is not a timed procedure
 - 96130 – Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
 - 96131 – Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
 - 96138 – Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
 - 96139 – Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

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.”

The requestor billed 3 units of CPT Code 90791; however, this is not a timed code and therefore one unit is allowed. The remaining CPT Codes are billed according to 28 TAC §134.203 (b). The disputed services are therefore subject to review pursuant to 28 TAC §134.203 (c).

3. The insurance carrier denied date of service November 17, 2020, due to lack of preauthorization and exceed preauthorization.

The requestor submitted a copy of a preauthorization letter dated August 10, 2020, which indicates the following:

Requested Services:

- 96130 Psychological Testing and Evaluation x2 Hours
- 96131 Psychological Testing and Evaluation x2 Hours
- 96138 Psychological Test Administration and Scoring x3 Hours
- 96139 Psychological Test Administration and Scoring x3 Hours;

Type of Review/Level: Initial Prospective Preauthorization

Recommendation: Approval

Start Date: 8/7/2020

End Date: 12/31/2020

The requestor submitted a copy of a preauthorization letter dated August 10, 2020, which indicates the following:

Requested Services:

- 90791 Initial Psychological Diagnostic Interview x 3 hours

Type of Review/Level: Voluntary Certification

Recommendation: Agreement

Start Date: 8/7/2020

End Date: 12/31/2020

28 TAC §134.600 states in pertinent part, “(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care.”

The DWC finds that preauthorization was obtained for CPT Codes 90791, 96130, 96131, 96138 and 96139 rendered on November 17, 2020. As a result, the insurance carrier’s denial reasons are not supported, and the requestor is entitled to reimbursement for these services.

4. 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... (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...”

Date of Service	CPT Code	Amount in Dispute	Insurance Carrier Paid	MAR	Amount Due
11/17/2020	90791 x 1	\$765.00	\$0.00	\$238.09	\$238.09
11/17/2020	96130 x 1	\$170.00	\$0.00	\$199.87	\$170.00
11/17/2020	96131 x 2	\$297.50	\$0.00	\$306.77	\$297.50
11/17/2020	96138 x 1	\$85.00	\$0.00	\$60.97	\$60.97
11/17/2020	96139 x 1	\$85.00	\$0.00	\$60.97	\$60.97
TOTAL		\$1,402.50	\$0.00	\$866.67	\$827.53

5. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$827.53. 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 \$827.53.

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 \$827.53 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	May 21, 2021 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.