



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

NEW HAMPSHIRE INSURANCE COMPANY

MFDR Tracking Number

M4-22-0704-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 13, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 5, 2021 through April 6, 2021	96158 x 4 and 96159 x 4	\$640.00	\$640.00
	Total	\$640.00	\$640.00

Requestor's Position

"According to Texas Medical Fee Guidelines, the CPT code 96158/96159 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 (96158/96159) is described as an individual session that does not require pre-authorization."

Amount in Dispute: \$640.00

Respondent's Position

"CorVel maintains the requestor, Nueva Vida Behavioral Health is not entitled to reimbursement for CPT codes 96158 and 96159 in the amount of \$640.00 for, date(s) of service 03/05/21-04/06/21 based on failure to obtain preauthorization for non-emergency health care in accordance with preauthorization rules set forth under §134.600(p)(12)."

Response Submitted by: CorVel

Findings and Decision

Authority

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

Statutes and Rules

1. 28 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 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- W3 – No additional reimbursement allowed after review of appeal/reconsideration.
- 197 – Payment adjusted for absence of precert/preauth.
- 193 – Original payment decision maintained.

Issues

1. What is the definition of CPT Codes 96158 and 96159?
2. Are the insurance carrier's denial reasons supported?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed CPT Codes 96158 and 96159 rendered on March 5, 2021 through April 6, 2021.

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 96158 is defined as "Health behavior intervention, individual, face-to-face; initial 30 minutes."
- CPT Code 96159 is defined as "Health behavior intervention, individual, face-to-face; each additional 15 minutes."

The DWC finds that the services in dispute are considered behavior assessment and intervention services.

2. The requestor seeks reimbursement for CPT Codes 96158 and 96159 rendered on March 5, 2021 through April 6, 2021. The insurance carrier denied the services in dispute with denial reason code 197 and 193 (description provided above).

28 TAC §134.600 (c) (1) (B) states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..." 28 TAC §134.600 (p) (7) states in pertinent part "(p) 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 return-to-work rehabilitation program..."

The DWC finds that CPT Codes 96158 and 96159 do not require preauthorization per 28 TAC §134.600 (p)(7). As a result, reimbursement is determined per 28 TAC §134.203. As a result, the insurance carrier's denial reasons are not supported, and the requestor is therefore entitled to reimbursement for the services in dispute.

3. 28 TAC §134.203 (c) states in pertinent part, "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 requestor documented and billed 1 unit of 96158 and 2 units of 96159, as a result reimbursement is recommended for each date of service.

Date of service	CPT Code	# Units	Amount Sought	MAR	Amount Recommended
3/5/2021	96158	1	\$88.00	\$114.44	\$88.00
	96819	2	\$72.00	\$78.96	\$72.00
3/12/2021	96158	1	\$88.00	\$114.44	\$88.00
	96819	2	\$72.00	\$78.96	\$72.00
3/15/2021	96158	1	\$88.00	\$114.44	\$88.00
	96819	2	\$72.00	\$78.96	\$72.00
4/6/2021	96158	1	\$88.00	\$114.44	\$88.00
	96819	2	\$72.00	\$78.96	\$72.00
TOTAL		12	\$640.00	\$773.59	\$640.00

Review of the submitted documentation finds that the total MAR is \$773.59. The requestor seeks \$640.00, therefore, the lesser of the recommended amount and the amount sought is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement of \$640.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that the Respondent must remit to the Requestor \$640.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		January 13, 2022
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 under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electronico CompConnection@tdi.texas.gov.