

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Acadia Insurance Co

**MFDR Tracking Number**

M4-22-1304-01

Carrier's Austin Representative

Box Number 19

**DWC Date Received**

February 28, 2022

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 24, 2021	96158	\$93.50	\$0.00
March 24, 2021	96159	\$78.50	\$0.00
<b>Total</b>		<b>\$170.00</b>	<b>\$0.00</b>

### Requestor's Position

The requestor did not submit a position statement but did submit a copy of their reconsideration that states in pertinent part, "...the Health and Behavior Intervention (96158/96159) is described as an individual session that does not require pre-authorization."

**Amount in Dispute:** \$170.00

### Respondent's Position

These services were not part of a preauthorized return to work rehab program therefore require preauthorization.

Response submitted by: CareWorks

### 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 requirements of prior authorization.

## Denial Reasons

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

- 197 – Payment denied/reduced for absence of precertification/preauthorization
- 193 – Original payment decision is being maintained

## Issues

1. Is the insurance carrier's denial based on lack of required prior authorization supported?

## Findings

1. The requestor is seeking reimbursement of CPT Codes 96158 – Health behavior intervention, individual, face-to-face; initial 30 minutes and 96159 – Health behavior intervention, individual, face-to-face; each additional 15 minutes. The insurance carrier denied based of lack of required prior authorization.,

DWC Rule 28 TAC §134.600 (p) (7) states in pertinent part, all psychological testing and psychotherapy except when any service is part of a preauthorized return-to-work rehabilitation program.

The requestor states, "an individual session that does not require pre-authorization."

Review of the applicable prospective and concurrent review of health care rule finds insufficient evidence to support the requestor's position.

The insurance carrier's denial is supported. No payment 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 not established that additional reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
April 11, 2022  
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](http://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](mailto: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 electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).