

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-22-1954-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

May 10, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 22, 2021	90837	\$190.00	\$0.00
Total		\$190.00	\$0.00

Requestor's Position

"Nueva Vida obtained preauthorization for 8 sessions of Individual Psychotherapy on 4/20/2021. Authorization #16552704 was issued for the 8 sessions with a date range of 4/23/2021 - 7/23/2021. The date of service being denied for payment is 6/22/2021. This date of service was performed within the authorized timeframe and was denied in error. Denying preauthorized health care services is an administrative violation in accordance with Rule 133.301(a)."

Amount in Dispute: \$190.00

Respondent's Position

"Review of the claim file confirms preauthorization was obtained for 8 sessions to be completed between 4/23/2021 and 7/23/2021 cert# 16552704. See DWC60 for preauth letter. Bill history confirms that 8 sessions were exhausted on 6/17/2022. New preauthorization was not effective 7/2/2021."

Response Submitted by: Texas Mutual Insurance Company

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 utilization review, and voluntary certification of health care.

Denial Reasons

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

- CAC-197 PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- 786 - DENIED FOR LACK OF PREAUTHORIZATION OR PREAUTHORIZATION DENIAL IN ACCORDANCE WITH THE NETWORK CONTRACT.
- 786 - PREAUTHORIZATION# 16552704 FOR 8 SESSIONS FROM 04/23/21-07/23/21 WAS COMPLETED ON 06/17/21. DATE OF SERVICE WERE AS FOLLOWS: 4/29/21(1 DATE) 5/6, 10,20,27/21; (4 DATES) 6/3,10,17/21 (3 DATES)= 8/8. THE NEXT PREAUTHORIZATION WAS NOT OBTAINED UNTIL 07/02/21.

Issues

1. Is the Insurance Carrier's denial reason(s) supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 90837, rendered on June 22, 2021. The insurance carrier denied the service in dispute for lack of preauthorization.

28 TAC §134.203(b)(1) states, "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 90837 is defined as "Psychotherapy, 60 minutes with patient."

28 TAC §134.600 (p)(7) states, "(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..."

Review of the submitted documentation supports that the requestor exceeded the preauthorized sessions referenced in Authorization #16552704. As a result, reimbursement is cannot be recommended.

2. The DWC finds that the insurance carrier submitted sufficient documentation to support that preauthorization exceeded for the disputed service. As a result, the requestor is not entitled to reimbursement for CPT Code 90837 rendered on June 22, 2021.

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.

The DWC finds the requester has established that reimbursement of \$0.00 is due.

Order

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

Authorized Signature

_____	_____	June 9, 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 electrónico CompConnection@tdi.texas.gov.