



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NUEVA VIDA BEHAVIORIAL
HEALTH ASSOCIATES

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-22-1955-01

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
July 1, 2022	Code 96158 and 96159	\$215.00	\$0.00

Requestor's Position

The appropriate CPT code for Health and Behavior Intervention is 96158/96159, which is accepted under the Medical Fee Guidelines for Workers Compensation Specific Professional Services subchapter c §134.203 (b), for coding, billing, reporting and reimbursement of professional medical services...

Amount in Dispute: \$215.00

Respondent's Position

Respondent did not respond to the DWC-60 request in dispute.

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 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guidelines for the reimbursement of workers compensation professional services provided on or March 1, 2008.

Denial Reasons

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

- CAC-P12 – Workers Compensation Jurisdictional Fee Schedule Adjustment
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
- 250 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 892 – Denied in accordance with DWC Rules and/or medical fee guidelines including current cpt code description/instructions
- 226 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information

Issues

1. Is NUEVA VIDA BEHAVIORAL HEALTH ASSOCIATES entitled to additional reimbursement?

Findings

1. The requestor billed CPT Code(s) 96158 and 96159 rendered on July 1, 2022. The insurance carrier denied the disputed services with denial reasons listed above.

The fee guideline for the disputed services can be found at 28 TAC §134.203

The billed codes are described as:

- CPT Code 96158 - Health behavior intervention, individual, face-to-face; initial 30 minutes
- CPT Code 96159 - Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Review of the submitted medical documentation provided does not support the services billed. Insurance carrier denial is supported. Therefore, no reimbursement 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 requestor 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

July 20, 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. 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.