



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-23-0150-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 28, 2021	96158 and 96159	\$215.00	\$193.40
Total		\$215.00	\$193.40

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: \$215.00

Respondent's Position

"Texas Mutual denied codes 96158 and 96159 as it appears the health care provider is providing psychotherapy services instead of a health and behavioral intervention. The documentation they submitted with their bill and appeal is the same as the documentation they have been submitting with their psychotherapy services. You will find both sets of documentation attached to this response."

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 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 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:

- 892/225- DOCUMENTATION DOES NOT GIVE A REASON FOR THIS EVALUATION DURING THE PSYCH THERAPY PRE-AUTHORIZED TIME FRAME.
- 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.
- CAC-193 ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
- DC4-NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER RECONSIDERATION.
- 225-THE SUBMITTED DOCUMENTATION DOES NOT SUPPORT THE SERVICE BEING BILLED. WE WILL RE-EVALUATE THIS UPON RECEIPT OF CLARIFYING INFORMATION.
- 350-BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL
- 892-DENIED IN ACCORDANCE WITH RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS.

Issues

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

Findings

1. The requestor seeks reimbursement for CPT Codes 96158 and 96159 rendered on September 28, 2021. The insurance carrier denied the disputed service with denial reduction codes indicated above.

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 disputed services are considered health and behavior assessment and intervention services.

2. The insurance carrier denied the disputed services with denial reduction "892/225- Documentation does not give a reason for this evaluation during the psych therapy pre-authorized time frame." Review of the "Visit Note" documents that the requestor indicated the diagnosis for which the service were rendered. Further review of the "Visit Note," supports that the requestor rendered and billed for a health behavior intervention service billed CPT 96158 and 96159, as a result, the insurance carrier's denial reason is not supported. 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..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = Maximum Allowable Reimbursement (MAR).

The services were rendered in 2021.

- The 2021 DWC Conversion Factor is 61.17
- The 2021 Medicare Conversion Factor is 34.8931
- Per the medical bills, the services were rendered in zip code 78230; therefore, the Medicare locality is "Rest of Texas."

The Medicare Participating amount for CPT code 96158 at this locality is \$65.28.

- Using the above formula, the DWC finds the MAR is \$114.44.
- The respondent paid \$0.00.
- Reimbursement of \$114.44 is recommended.

The Medicare Participating amount for CPT code 96159 at this locality is \$22.52.

- Using the above formula, the DWC finds the MAR is \$39.48 x 2 units = \$78.96.
- The respondent paid \$0.00.
- Reimbursement of \$78.96 is recommended.

The DWC finds that the requestor is therefore entitled to reimbursement in the amount of \$193.40.

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 \$193.40 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 \$193.40 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		November 15, 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).