

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

OLD GLORY INSURANCE COMPANY

MFDR Tracking Number

M4-23-0158-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

September 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 17, 2021	96158 and 96159	\$215.00	\$0.00
	Total	\$215.00	\$0.00

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: \$215.00

Respondent's Position

"The services in question rendered on 9/17/2021 were initially reviewed and denied based on Retrospective Review (copy attached). A reconsideration was received however it was past timely filing of a reconsideration and the original denial was maintained. Attached are copies of the bills, Retrospective Review and EOB's."

Response Submitted by: Claims Administrative Services, Inc.

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

28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 307 - PER 133.250, A RECONSIDERATION SHALL NOT BE SUBMITTED LATER THAN 11 (<07/01/12) OR 10 (>=07/01/12) MONTHS FROM THE DATE OF SERVICE.
- 350 - BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- 723 - BASED ON A UTILIZATION REVIEW DETERMINATION, THESE CHARGES ARE DENIED AS NOT MEDICALLY NECESSARY AND APPROPRIATE.
- 216 - BASED ON THE FINDINGS OF A REVIEW ORGANIZATION.
- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

Did the requestor waive the right to medical fee dispute resolution?

Findings

The requestor seeks reimbursement for medical services rendered on September 17, 2021. 28 TAC §133.307 (c) (1) states in pertinent part, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

28 TAC §133.307 (c) (1) (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

The date of the service in dispute is September 17, 2021. The request for medical fee dispute resolution was received by the Division on September 19, 2022. This date is later than one year after the date(s) of service in dispute.

Review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307 (c) (1) (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

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 not established that reimbursement of 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

		December 12, 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.