

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

SAN ANTONIO WATER SYSTEM

MFDR Tracking Number

M4-23-1289-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 3, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 12, 2022	Code 96158	\$125.00	\$412.49
May 12, 2022	Code 96159 x 2	\$90.00	
May 19, 2022	Code 96158	\$125.00	
May 19, 2022	Code 96159 x 2	\$90.00	

Requestor's Position &

"...Further, the Health and Behavior Interventions (96158/96159) is described as an individual session that does not require pre-authorization."

Amount in Dispute: \$430.00

Respondent's Position

"It is the carrier's position that the provider is not entitled to reimbursement because of an absence of a request for preauthorization as well as the absence of an approval of preauthorization."

Response Submitted by: Flahive Ogden & Latson

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, effective November 1, 2018, requires preauthorization for specific treatments and services.

Denial Reasons

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

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 197 – Precertification/authorization/notification/pre-treatment absent
- W3 – TDI Level 1 Appeal means a request for reconsideration under 133.250 of this title or an appeal of an adverse determination under Chapter 19, Subchapter U of this title

Issues

1. Is NUEVA VIDA BEHAVIORAL HEALTH entitled to reimbursement for CPT Codes 96158 and 96159 for the dates in dispute?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$430.00 for CPT codes 96158 and 96159 rendered on May 12, 2022 and May 19, 2022.

The insurance carrier denied reimbursement for the disputed services, CPT codes 96158 and 96159, based upon an absence of precertification/authorization.

Per 28 TAC §134.600(p) (7) states, "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."

- CPT code 96158 is described as "Health behavior intervention, individual, face-to-face; initial 30 minutes."
- CPT code 96159 is described as "Health behavior intervention, individual, face-to-face; each

additional 15 minutes (List separately in addition to code for primary service)."

Based upon the code description, the disputed services are not listed in the above rule; therefore, the respondent's denial based upon a lack of preauthorization is not supported. The DWC finds the requestor is due reimbursement for the disputed services

28 TAC §134.203(c)(1) states, "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."

28 TAC §134.203(c)(2) states, "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. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

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

The 2022 DWC Conversion Factor is 62.46

The 2022 Medicare Conversion Factor is 34.6062

Review of Box 32 on the CMS-1500 the services were rendered in San Antonio, Texas; therefore, the locality will be based on the rate for "Rest of Texas".

The Medicare Participating amount for CPT Code 96158 at this locality is \$65.47 and \$24.40 for 96159.

Using the formula above, DWC finds reimbursement for CPT Code 96158 in the amount of \$236.33 and 96159 in the amount of \$176.16 for a total amount of \$412.49. The requestor seeks \$430.00, therefore, the lesser of the recommended amount and the amount sought is recommended.

Conclusion

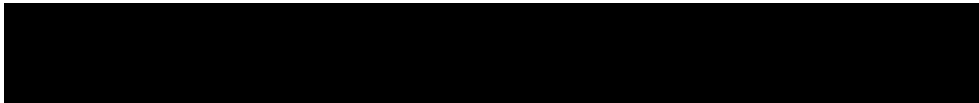
The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement \$412.49 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that SAN ANTONIO WATER SYSTEM must remit to NUEVA VIDA BEHAVIORAL HEALTH \$412.49 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature



March 22, 2023

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.