



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

SAN ANTONIO WATER SYSTEM

MFDR Tracking Number

M4-23-1306-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

February 6, 2023

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|-------------------------------------|-------------------|-------------------|------------|
| March 14, 2022 through May 11, 2022 | 96158 and 96159 | \$860.00 | \$0.00 |
| Total | | \$860.00 | \$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: \$860.00

Respondent's Position

"Carrier has previously responded to this dispute on February 28, 2023. As noted in the carrier's previous response, the carrier has reprocessed the provider's bill for the dates of service of March 14th, April 27th, May 3rd, and May 11, 2022. The provider is seeking payment of \$860. We are attaching a copy of the provider's CMS 1500s and the EORs. The total recommended payment is \$815.90 plus interest. As the carrier's position that the provider is not entitled to anything greater than \$815 .90 plus interest."

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 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:

- 193 -Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 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.
- Notes: Processed as a reconsideration on appeal.
- 197 - Precertification/authorization/notification /pre-treatment absent.
- 18 - Exact duplicate claim/service.

Issues

1. Did the insurance carrier issue payment in accordance with the applicable fee guidelines?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Codes 96158 and 96159 rendered on March 14, 2022 through May 11, 2022. The insurance carrier states in pertinent part, "As noted in the carrier's previous response, the carrier has reprocessed the provider's bill for the dates of service of March 14th, April 27th, May 3rd, and May 11, 2022. The provider is seeking payment of \$860...The total recommended payment is \$815.90 plus interest. As the carrier's position that the provider is not entitled to anything greater than \$815.90 plus interest."

Review of the insurance carrier's response finds that the respondent included copies of EOBs reflecting that payment was issued for the disputed services. The DWC will determine if payment was issued in accordance with the applicable rules and guidelines.

The requestor billed CPT Code(s) 96158 and 96159. 28 TAC §134.203 applies to the billing and reimbursement of the disputed services.

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. 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 2022 DWC Conversion Factor is 62.46
- The 2022 Medicare Conversion Factor is 34.6062
- Per the medical bills, the services were rendered in zip code 78224; therefore, the Medicare locality is "Rest of Texas."

The Medicare Participating amount for CPT code 96158 at this locality is \$65.47.

- Using the above formula, the DWC finds the MAR is \$118.17.
- The respondent paid \$118.17 for date of service, March 14, 2022.
- The respondent paid \$118.17 for date of service, April 27, 2022.
- The respondent paid \$118.17 for date of service, May 3, 2022.
- The respondent paid \$118.17 for date of service, May 11, 2022.
- The requestor is due \$0.00.

The Medicare Participating amount for CPT code 96159 at this locality is \$22.33.

- Using the above formula, the DWC finds the MAR is $\$40.30 \times 2 = \text{MAR } \80.61 .
- The respondent paid \$80.60 for date of service, March 14, 2022.
- The respondent paid \$80.60 for date of service, April 27, 2022.
- The respondent paid \$80.60 for date of service, May 3, 2022.
- The respondent paid \$80.60 for date of service, May 11, 2022.
- The requestor is due \$0.00.

The DWC finds that the requestor is not entitled to additional reimbursement. As a result, \$0.00 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.

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

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

Date

May 1, 2023

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 managing the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three 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.