



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

NUEVA VIDA BEHAVIORAL HEALTH

Respondent Name

FEDERAL INSURANCE CO

MFDR Tracking Number

M4-20-1924-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

APRIL 13, 2020

REQUESTOR'S POSITION SUMMARY

"According to Texas Medical Fee Guidelines, the CPT code 96152 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 Behavioral Intervention (96152) is described as an individual face-to-face (4 units at 15 minutes each), session that does not require pre-authorization."

Disputed Amount: \$120.00

RESPONDENT'S POSITION SUMMARY

"CorVel maintains the requestor, Nueva Vida Behavioral Health is not entitled to reimbursement for date of service 05/09/19 in the amount of \$120.00 based on failure to obtain preauthorization for non-emergency health care in accordance with preauthorization rules set forth under §134.600."

Response Submitted By: CorVel

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 9, 2019	CPT Code 96152 (X4)	\$120.00	\$120.00

AUTHORITY

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas 28 Texas Administrative Department of Insurance, Division of Workers' Compensation (DWC).

Background

1. 28 Texas Administrative Code (TAC) §133.307, effective May 31, 2012, sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.600, effective November 1, 2018, sets out the procedure for obtaining preauthorization.
3. 28 TAC §137.100, effective January 18, 2007, sets out the use of the treatment guidelines.

4. 28 TAC §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
5. The services in dispute were reduced / denied payment by the respondent with the following claim adjustment reason codes:
 - 197-Payment adjusted for absence of precert/preauth.
 - W3-Appeal/Reconsideration.

Issues

Is the requestor entitled to reimbursement for CPT code 96152 rendered on May 9, 2019?

Findings

1. The requestor is seeking medical fee dispute resolution in the amount of \$120.00 for CPT code 96152 rendered on May 9, 2019.
2. The respondent denied reimbursement for CPT code 96152 based upon a lack of preauthorization.
3. 28 TAC §134.600(p)(12) requires preauthorization for "treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier."
4. CPT Code 96152 is described as "Health and behavior intervention, each 15 minutes, face-to-face; individual."
5. According to the *Low Back* Chapter of the *Official Disability Guidelines* (ODG), behavioral treatment is recommended treatment for claimant's with chronic low back pain and delayed recovery; therefore, the disputed health and intervention did not require preauthorization. The respondent's denial of payment based upon a lack of preauthorization is not supported.
6. The fee guideline for disputed services is found at 28 TAC§134.203.
7. Per 28 TAC §134.203(c)(1)(2), "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. The following hypothetical example illustrates this annual adjustment activity if the DWC had been using this MEI annual percentage adjustment: The 2006 DWC 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) DWC conversion factor in 2007."

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

The 2019 DWC conversion factor for this service is 59.19.

The Medicare Conversion Factor is 36.0391

Review of Box 32 on the CMS-1500 the services were rendered in San Antonio, Texas; therefore, the Medicare locality is "Rest of Texas".

The Medicare participating amount for code 96152 at this locality is \$20.87.

Using the above formula, the MAR is \$34.28/unit. The requestor billed for 4 units a day; therefore, \$34.28 X 4 = \$137.11. The requestor is seeking a lesser amount of \$120.00. The respondent paid \$0.00. The DWC finds, the requestor is due reimbursement of \$120.00.

Conclusion

For the reasons stated above, the DWC finds that the requestor has established that reimbursement is due for services rendered on May9, 2019. As a result, the amount ordered is \$120.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the DWC has determined the requestor is entitled to additional reimbursement for the disputed services. The DWC hereby ORDERS the respondent to remit to the requestor \$120.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

		05/07/2020
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 in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the DWC using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.