



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-24-1461-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

March 7, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 27, 2023	90837	\$200.00	\$0.00
Total		\$200.00	\$0.00

Requestor's Position

The requestor did not submit a position statement but submitted a copy of their reconsideration dated February 9, 2024, that states, "Please review the attached claim(s) which was denied based on 'Plan procedure not followed'. Nueva Vida obtained preauthorization for 8 sessions of Individual Psychotherapy on 5/05/23. Authorization #2230552093 was issued for the 8 sessions with a date range of 5/05/23 – 5/04/24. The date of service being denied for payment is 4/27/2023."

Amount in Dispute: \$200.00

Respondent's Position

"The date of service was April 27, 2023. At the time of that date of service, the carrier had denied provider's request for preauthorization. Even though the carrier approved preauthorization, the date of service was outside that approval. Accordingly, the provider is not entitled to reimbursement."

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 requirements for prior authorization.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 95 – Plan procedures not followed.
- 197 – Precertification/authorization/notification absent.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

Issues

1. Is the respondent's denial supported?

Findings

1. The requestor is seeking payment for Code 90837 – 60 minute individual psychotherapy session performed by a licensed mental health provider. DWC Rule 28 TAC §134.600(p)(7) states in pertinent part, "Non-emergency health care requiring preauthorization includes all psychological testing and psychotherapy..."

Review of the submitted documentation found the Zurich Services Corporation TX Utilization Review dated May 15, 2023, indicates authorization of Individual Psychotherapy x 8 sessions over 12 weeks for certification period 05/05/2023 – 05/04/2024.

The date of service in dispute is April 27, 2023 which is PRIOR to the certification shown in the documentation included with the MFDR request. The insurance carrier's denial is supported no payment 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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 9, 2024
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.