



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Texas Mutual Insurance Co

MFDR Tracking Number

M4-24-2667-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 8, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 18, 2023	90837-95	\$205.00	\$0.00
Total		\$205.00	\$0.00

Requestor's Position

Requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated June 6, 2024, that states, "Prior Authorization was obtained for all the services we provided, which were medically necessary in aiding the patient recovery for the work related compensable injury."

Amount in Dispute: \$205.00

Respondent's Position

"Per documentation and bills submitted, the injured worker was in attendance for a chronic pain program on 10/18/2023 from 8:00 am to 4:30 pm. The documentation submitted for the psych services provided on 10/18/2023 supports treatment between 3:00 pm and 4:00 pm, which was during the chronic pain program, which includes a psych component. Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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 §133.20](#) sets out the billing requirements.

Denial Reasons

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

- Treatment completed during the same time frame of chronic pain rehab program.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 225 – The submitted documentation does not support the service being billed. We re-evaluate this upon receipt of clarifying information
- 892 – Denied in accordance with DWC rules and/or medical fee guidelines including current CPT code descriptions/instructions.

Issues

1. Is insurance carrier's position supported?

Findings

1. The insurance carrier states in their position, "...the injured worker was in attendance for a chronic pain program on 10/18/2023 from 8:00 am to 4:30 pm. The documentation submitted for the psych service provided on 10/18/2023 supports treatment between 3:00 and 4:00 pm, which was during the chronic pain program..."

Review of the submitted documentation found the following.

- Submitted visit note for October 18, 2023, from Nueva Vida Behavioral Health indicates session was provided by real-time interactive audio and video, session start/end time: 3:00-4:00 pm.
- Submitted note from chronic pain provider indicates time in 8 am – time out 4:30 pm. This document included the signature of injured worker.

Based on the reviewed information, the DWC finds the insurance carrier's position 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 requestor has not established that additional 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

September 11, 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 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 tres o correo electrónico CompConnection@tdi.texas.gov.