



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Redwood Fire & Casualty Insurance Company

**MFDR Tracking Number**

M4-25-0056-01

**Carrier's Austin Representative**

Box Number 12

**DWC Date Received**

September 9, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 14, 2024	96158-95	\$150.00	\$0.00
March 14, 2024	96159-95 x 2 units	\$100.00	\$0.00
<b>Total</b>		\$250.00	\$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:** \$250.00

### Respondents' Position

"Please accept this as our response satisfying the 10/1/24 due date. The reason these dates of service were not paid was due to UR's denial, indicated on page 4 of both filings for both DOS, under reduction explanation."

**Response submitted by:** Berkshire Hathaway Homestate Companies

## 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 preauthorization guidelines for specific treatments and services.

### Denial Reasons

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

- 03 (197) – The procedure or supply requires prior authorization.
- @G (W3) – No additional reimbursement allowed after review of appeal/ reconsideration.
- W3 @G – The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
- 197 (03) – Precertification/authorization/notification/pre-treatment absent.

### Issues

1. Are the Insurance Carrier's denial reasons supported?
2. Is the Requestor entitled to reimbursement?

### Findings

1. The requestor seeks reimbursement for CPT codes 96158-95 x 1 unit and 96159-95 x 2 units rendered on March 14, 2024. A review of the submitted documentation finds that the services in this dispute were denied reimbursement based on lack of preauthorization.

CPT code 96158 is a medical procedural code under the range Health Behavior Assessment and Intervention Procedures in which the provider provides counseling and strategies for management of cognitive, emotional, social, cultural factors that impact management of a patient's physical health problems in a one-to-one setting with the patient. This code represents the first 30 minutes of a face-to-face session with the patient.

CPT code 96159 is an add on code under the range - Health Behavior Assessment and Intervention Procedures in which the provider provides counseling and strategies for management of cognitive, emotional, social, cultural factors that impact management of a patient's physical health problems in a one-to-one setting with the patient. This code represents each additional 15 minutes of a face-to-face session with the patient.

28 TAC §134.600 which sets out preauthorization guidelines for specific treatments and services, states in pertinent part, "(p) 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."

A review of the documentation finds that the disputed CPT codes 96158 and 96159, billed on March 14, 2024, required preauthorization, in accordance with 28 TAC §134.600(p). The documentation submitted finds no evidence that the services in dispute were preauthorized. Therefore, DWC finds that the insurance carrier's denial based on lack of preauthorization is supported.

2. The requestor is seeking reimbursement in the amount of \$250.00 for the services in dispute rendered on March 14, 2024, because the insurance carrier's denial reason is supported, DWC finds that the requestor is not entitled to reimbursement.

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 reimbursement is due.

**Order**

Under the 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**

_____	_____	March 27, 2025
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](http://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](mailto: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](mailto:CompConnection@tdi.texas.gov).