



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health Associates

Respondent Name

Travis County

MFDR Tracking Number

M4-25-0279-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 1, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 24, 2024	96158	\$150.00	\$0.00
April 24, 2024	96159	\$100.00	\$0.00
Total		\$350.00	\$0.00

Requestor's Position

"Pursuant to the Texas Department of Worker's Compensation Medical Fee Guidelines subchapter C §134.204 Medical Fee Guideline for Worker's Compensation Specific Services (1)(e), we are the health care provider and we are billing for behavioral intervention services. Please do not deny payment for this service as we are within the medical fee guidelines to bill for this service. The date of service being denied for payment is 4/24/2024."

Amount in Dispute: \$350.00

Respondent's Position

"The provider is not entitled to any reimbursement for services provided on May 1, 2024. Services provided on May 1, 2024 were provided after the date covered by the URA approval."

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 of prior authorization.

Denial Reasons

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

- 197 – Precertification/authorization/notification/pre-treatment absent.

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor is seeking reimbursement of professional medical services rendered in April of 2024. The insurance carrier denied the disputed date of service for lacking prior authorization.

DWC Rule 28 TAC 134.600 (p)(7) states, "Non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program.

Review of the information submitted by the respondent indicates the following.

- IMO Preauthorization Determination Letter dated January 5, 2024 for psychotherapy from January 5, 2024 through April 12, 2024.

The disputed date of service is April 24, 2024. After the prior authorization ended. The insurance carrier's denial is supported. No payment is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

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

November 7, 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.