



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Travis County

MFDR Tracking Number

M4-25-0282-01

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
May 1, 2024	96158	\$150.00	\$0.00
May 1, 2024	96159	\$100.00	\$0.00
Total		\$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

Respondent's Position

"It is the carrier's position that the services in question required preauthorization. In fact, the services prospectively went through preauthorization resulting in an approval but only through services provided on or before April 12, 2024. Service in question was provided after the period covered by the preauthorization 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 §134.203](#) sets out the fee guideline for professional medical services.
3. [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:

- 197 – Precertification/authorization/notification/pre-treatment absent.
- Comments - RECONSIDERATION. DENIED BY ADJUSTER. NO ADDITIONAL ALLOWANCE DUE.

Issues

1. Is the Insurance Carrier's denial reason based on lack of preauthorization supported?
2. Is the Requestor entitled to reimbursement?

Findings

1. A review of the submitted documentation finds that the services in this dispute, CPT codes 96158 x 1 unit and 96159 x 2 units, 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 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 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

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.