



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Standard Fire Insurance Company

MFDR Tracking Number

M4-25-0674-01

Carrier's Austin Representative

Box Number 05

DWC Date Received

November 20, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 8, 2024	96158-95 x 1 unit	\$150.00	\$0.00
July 8, 2024	96159-95 x 2 units	\$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

Respondents' Position

"The Provider contends they are entitled to reimbursement for the disputed services, apparently on the basis that Medicare recognizes the services. CPT code 96158 and 96159 are health behavioral interventions, contained in the Health Behavior Assessment and Intervention section of the American Medical Association CPT codebook. Based on the diagnosis included in the Visit Note attached to the Request for Medical Fee Dispute Resolution, the Provider is treating the Claimant for... In the 30 Day Treatment Plan, the Provider documents they are going to 'continue psychotherapy.'... The Carrier did not preauthorize the services in dispute and the Provider has submitted no authorization in their Request for Medical Fee Dispute Resolution. As the Provider did not obtain preauthorization prior to performing the disputed services, they are not entitled to reimbursement."

Response submitted by: Travelers

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:

- 198 – Payment denied/reduced for exceeded precertification/authorization.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 5757 – Based on the information available at the time of review, the preauthorization for these services appears to have been denied.
- 309 – The charge for this procedure exceeds the fee schedule allowance.

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 x 1 unit and 96159 x 2 units rendered on July 8, 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 July 8, 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 July 8, 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 requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	April 3, 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. 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 electronico CompConnection@tdi.texas.gov.