



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Nueva Vida Behavioral Health

**Respondent Name**

Travelers Indemnity Co

**MFDR Tracking Number**

M4-25-0684-01

**Carrier's Austin Representative**

Box Number 5

**DWC Date Received**

November 20, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 20, 2024	96158	\$150.00	\$0.00
July 20, 2024	96159	\$100.00	\$0.00
July 27, 2024	96158	\$150.00	\$0.00
July 27, 2024	96159	\$100.00	\$0.00
<b>Total</b>		<b>\$500.00</b>	<b>\$0.00</b>

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR. They did submit a copy of a reconsideration dated October 25, 2024 that states, "Pursuant to the Texas Department of Workers' 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."

**Amount in Dispute:** \$500.00

## Respondent's Position

"Per Rule 134.600(p)(7), 'all psychological testing and psychotherapy, repeat interviews, and biofeedback' require preauthorization with an exception not relevant here. 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) 134.600](#) sets out the requirements of prior authorization.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the billing guidelines for professional medical services.

### Denial Reasons

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

- 242 – Services not provided by network/primary care providers.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 5682 – Pre-authorization was not obtained prior to the service/procedure being rendered.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 877 – Reimbursement is based on the contracted amount.
- W3 – Bill is a reconsideration or appeal.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.

### Issues

1. Is the insurance carrier's denial based on lack of prior authorization supported?

## Findings

1. The requestor is seeking reimbursement of the following on dates of service July 20, 2024 and July 27, 2024.
  - 96158 - Health behavior intervention, individual, face-to-face; initial **30** minutes. These interventional services are prescribed to modify the psychological, behavioral, emotional, cognitive, and social factors relevant to and affecting the patient's physical health problems. Each code applies to a direct, face-to-face intervention and focuses on promoting functional improvement, lessening the psychosocial and psychological obstacles to recovery, and improvement of the patient's coping skills related to the medical conditions.
  - 96159 - Health behavior intervention, individual, face-to-face; each additional **15** minutes (List separately in addition to code for primary service). These interventional services are prescribed to modify the psychological, behavioral, emotional, cognitive, and social factors relevant to and affecting the patient's physical health problems. Each code applies to a direct, face-to-face intervention and focuses on promoting functional improvement, lessening the psychosocial and psychological obstacles to recovery, and improvement of the patient's coping skills related to the medical conditions.

The insurance carrier's denials included lack of preauthorization and services not provided by network/primary care providers.

Review of the submitted documentation found the respondent's position statement does not address network denial. This denial will not be considered in this review.

Regarding the lack of prior authorization, DWC Rule 28 TAC §134.600 (p)(7) states, "Non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy..." Review of the description shown above supports that the provider rendered psychological services. The submitted "Visit Note" indicates, "...continue psychotherapy to address stated treatment goals." The insurance company's denial 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 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

January 31, 2025

\_\_\_\_\_  
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 three 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).