



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Siriuspoint American Insurance Company

MFDR Tracking Number

M4-25-0982-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 7, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 26, 2024	96158, and 96159	\$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 Requestor's initial bill submission for DOS 04/26/2024 was received by the carrier on 05/02/2024. It lists Leticia Cortez, LPC in box 31 of the CMS1500 form as the licensed rendering provider. Ms. Cortez's license # is listed in box 24J as the *Rendering Provider's Non-NPI#*. (See Exhibit A). However, the documentation indicates Kelsey O'Maoileidigh, LPCA is the rendering HCP. Since Ms. O'Maoileidigh is licensed by the state of TX, it is her name that should be listed in box 31, with her license # in box 24J... 12/6/24 the Carrier received a corrected copy of the CMS1500 form showing the correct, licensed provider as Kelsey A. O'Maoileidigh LPC. This bill was audited with a recommended payment, which cleared the Requestor's bank on 1/15/2025."

Response Submitted by: CorVel

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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.600](#) sets out the preauthorization guidelines for specific treatments and services.
4. [28 TAC §133.10](#) sets out the health care providers required billing forms and formats.
5. [28 TAC §133.20](#) sets out the guidelines for medical bill submission by health care providers.

Denial Reasons

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

- 197 – Payment adjusted for absence of precert/preauth
- B20 – Services partially/fully furnished by another provider
- B12 – Services not documented in patient medical records
- 95A – Provider submitted corrected billing
- W3 – Appeal/Reconsideration
- P12 - Workers' Compensation State Fee Schedule Adjustment.

- Note: ALSO, per rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the healthcare. SERVICES RENDERED BY O'MAOILEIFIGH LPCA.
- Note: Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the healthcare. KELSEY O'MAOILEIFIGH, LPCA RENDERED REPORT.

Issues

1. Did the requestor submit a medical bill in accordance with 28 TAC §133.10, and 28 TAC §133.20?
2. Did the services in dispute require preauthorization?
3. Is the requestor entitled to reimbursement?

Findings

1. The workers' compensation insurance carrier denied payment for the disputed services based upon its assertion that the rendering provider's information did not appear on the CMS Form 1500. Specifically, the carrier on the explanation of benefits states, "Per Rule 133.20(e)(2) a medical bill must be submitted in the name of the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the healthcare. KELSEY O'MAOILEIFIGH, LPCA RENDERED REPORT."

The DWC finds the following:

28 TAC §133.10 (f) (1) (U) and (V), the rendering provider's information is required to be listed in box 24j, shaded (state license) and un-shaded (NPI) fields.

28 TAC §133.20 (d) "The health care provider that provided the health care shall submit its own bill, unless... (2) the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider, in which case the supervising health care provider shall submit the bill."

28 TAC §133.20 (e)(2), "(e) A medical bill must be submitted... (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."

Read together these provisions only allow for a supervising provider to be listed in 24j if the rendering provider is not licensed.

A review of the CMS 1500 provided finds that the requestor listed the license and NPI information for Leticia Cortez, LPC-S, LMFT-S, in box 24j. A review of the documentation supports that Kelsey O'Maoileidigh, LPCA, a licensed provider rendered the disputed services.

The DWC finds that both Leticia Cortez, LPC-S, LMFT-S, and Kelsey O'Maoileidigh, LPCA, are licensed providers. As a result, Kelsey O'Maoileidigh, LPCA was required per 28 TAC §133.20 (e)(2) to submit the medical bill in the name and license number of the provider of service. The requestor subsequently corrected the medical bill and re-submitted the claim with Kelsey O'Maoileidigh, LPCA as the rendering provider of service.

2. This medical fee dispute involves non-payment of CPT codes 96158 x 1 unit and 96159 x 2 units provided on April 26, 2024.

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 biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program."

DWC finds that the disputed CPT codes 96158 and 96159, billed for April 26, 2024, required preauthorization, in accordance with 28 TAC §134.600(p). Review of the submitted documentation finds no evidence that the services in dispute were preauthorized.

3. The DWC concludes that for the reasons indicated above, the workers' compensation insurance carrier's denial is supported. As a result, reimbursement cannot be 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.

The 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 not entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 3, 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. 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, 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.