TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Nueva Vida Behavioral Health

Respondent Name
Mitsui Sumitomo Insurance Co. of America

MFDR Tracking Number
M4-25-0983-01

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
January 9, 2024	96158	$125.00	$0.00
January 9, 2024	96159	$90.00	$0.00
	Total	$215.00	$0.00

Requestor's Position

Submitted documentation does not include a position statement from the requestor. Accordingly, this decision is based on the information available at the time of adjudication.

Amount in Dispute: $215.00

Respondent's Position

"The medical bill was not submitted in the name of the licensed healthcare provider that provided the healthcare or that provided direct supervision of the unlicensed individual who provided the healthcare. The provider is not entitled to any reimbursement."

Response Submitted by: Flahive, Ogden & Latson, January 28, 2025

"The Requestor's initial bill… lists [name], LPC in box 31 of the CMS1500 form as the licensed, rendering provider… However, the documentation indicates [name], LMSW is the rendering HCP. As Ms. [name] is licensed by the state of TX, it is her name that should be listed in box 31, with her license # in box 24J."

Response submitted by: Corvel, February 3, 2025

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 §133.20 sets out requirements of medical bill submission by health care providers.
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 – Payment adjusted for absence of precert/preauth.
- B12 - Svcs not documented in patient medical records.
- B20 - Srvc partially/fully furnished by another provider.
- ZZ - Timely Filing rule reviewed and suppressed.
- W3 - Appeal/ Reconsideration.

Issues

1. Are the Insurance Carrier's denial reasons 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 in part 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 biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program."

Per documentation submitted, DWC finds that the disputed CPT codes 96158 and 96159, billed for January 9, 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. Therefore, DWC finds that the insurance carrier's denial based on lack of preauthorization is supported.

A review of the submitted explanation of benefits (EOB) finds that the services in dispute were also denied in part due to the "services partially/fully furnished by another provider" other than the one listed in field 24J and field 31 of the medical bill.

Per 28 TAC §133.20:

"(d) The health care provider that provided the health care must submit its own bill, unless:

(1) the health care was provided as part of a return-to-work rehabilitation program in accordance with the division fee guidelines in effect for the dates of service;
(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 must submit the bill…

"(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."

A review of the submitted medical record and medical bill confirms that the services provided on January 9, 2024, were performed by a licensed provider not listed on the medical bill. Therefore, DWC finds that the insurance carrier's reason for denial based on services furnished by another provider is supported.

2. The requestor is seeking reimbursement in the amount of $215.00 for the services in dispute rendered on January 9, 2024. Because the insurance carrier's denial reasons are 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

		March 20, 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.