



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Siriuspoint America Insurance Co.

MFDR Tracking Number

M4-25-0991-01

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 12, 2024	96158	\$150.00	\$0.00
April 12, 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

"Carrier received a corrected copy of the CMS1500 form showing the correct, licensed provider as [name], LPC. This bill was audited with a recommended payment, which cleared the Requestor's bank on 1/15/2025... Note: The services did not have preauthorization and should've been denied. A recoupment will be initiated to deny the services and recoup the funds previously erroneously paid."

Response submitted by: Corvel

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:

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

Issues

1. Has the disputed date of service received reimbursement as of the date of this review?
2. Did the services in dispute require preauthorization?
3. Is the Requestor entitled to additional reimbursement?

Findings

1. DWC received this request for medical fee dispute resolution (MFDR) on January 7, 2025. In its request for MFDR, the requestor is seeking reimbursement in the amount of \$250.00 for CPT codes 96158 and 96159 with date of service April 12, 2024.

A review of the submitted explanation of benefits documents (EOB) finds that per the EOB dated January 13, 2025, the insurance carrier allowed reimbursement in the amount of \$225.47 for the services in dispute rendered on April 12, 2024. DWC finds that as of the date of this review, the disputed services have received reimbursement in the amount of \$225.47.

2. This medical fee dispute involves procedure codes 96158 x 1 unit and 96159 x 2 units.

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 12, 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 requestor is seeking reimbursement in the amount of \$250.00 for the services in dispute rendered on April 12, 2024. As demonstrated in finding number one above, the insurance carrier issued a payment for the disputed services after the request for this MFDR was received by DWC. Because the services in dispute required preauthorization and no evidence was submitted to support that the disputed services were preauthorized, no additional reimbursement can 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.

DWC finds the requestor has not established that additional 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

Signature

Medical Fee Dispute Resolution Officer

March 21, 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, 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 electrónico CompConnection@tdi.texas.gov.