



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Allmerica Financial Alliance Insurance Co.

MFDR Tracking Number

M4-25-1743-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

April 1, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 31, 2024	96158-95	\$150.00	\$0.00
August 31, 2024	96159-95	\$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

"The basis for the denial is due to an IME determination, which concluded that no further treatment was necessary as of 8/21/2024. Therefore, any services rendered after that date are not considered necessary per the IME findings.

"No further action is needed at this time, as the IME determination stands and supports the denial of services rendered after 8/21/2024."

Response Submitted by: Metadata Service Operations

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:

- H834 – IME determined no further treatment necessary.
- B13 - The provider has billed for the exact services on a previous bill.
- 29 - Bills are not payable if the number of days between the date of service/discharge and the submission date exceeds 95 days.
- 01(P12) - The charge for this procedure exceeds the amount indicated in the fee schedule.
- ZR(P12) - The provider or a different provider has billed for the exact service on a previous bill where no allowance was originally recommended.

Issues

1. Has the requestor waived their right to medical fee dispute resolution (MFDR)?
2. Is the Insurance Carrier's denial reason based on "no further treatment necessary" supported?
3. Did the services in dispute require preauthorization?
4. Is the Requestor entitled to reimbursement?

Findings

1. A review of the submitted explanation of benefits (EOB) dated February 21, 2025, finds that the insurance carrier denied the disputed services in part for untimely filing of the medical bill.

28 TAC §133.20, which sets out requirements of timely medical bill submission, states in pertinent part "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

A review of the submitted documentation finds that the EOB dated September 10, 2024, indicates the insurance carrier first received the medical bill for processing on September 9, 2024, less than 95 days from the disputed date of service of August 31, 2024.

DWC finds that the requestor submitted the medical bill for the service in dispute in a timely manner in accordance with 28 TAC §133.20. Therefore, DWC finds that the requestor is eligible for a medical fee dispute resolution review.

2. 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 based on an Independent Medical Examination (IME) which determined that no further treatment is necessary. In its position statement, the insurance carrier states that the IME determined that no further treatment was necessary as of August 21, 2024.

When responding to a medical fee dispute, 28 TAC §133.307 (d)(2)(I), which sets out the respondent's required documentation to support a denial for lack of medical necessity, states in pertinent part, "On receipt of the request, the respondent must provide any missing information not provided by the requestor and known to the respondent. The respondent must also provide the following information and records: ... (D) any pertinent medical records or other documents relevant to the fee dispute not already provided by the requestor... (H) If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title (concerning Insurance Carrier Reporting and Notification Requirements). (I) If the medical fee dispute involves medical necessity issues, the insurance carrier must attach documentation that supports an adverse determination in accordance with §19.2005 of this title (concerning General Standards of Utilization Review)."

A review of the documentation submitted by the respondent finds no evidence of medical records related to an IME (referenced by the carrier), no related Plain Language Notice of compensability, extent of injury, or liability dispute, and no documentation that a utilization review was performed to determine medical necessity.

DWC finds that the insurance carrier's denial reason based on "no further treatment necessary" is not supported.

3. The requestor is seeking reimbursement for the services billed under CPT codes 96158 and 96159 rendered on August 31, 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, rendered on August 31, 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.

4. The requestor is seeking reimbursement in the amount of \$250.00 for the disputed services billed under CPT codes 96158 and 96159 rendered on August 31, 2024.

Because the services in dispute required preauthorization in accordance with 28 TAC §134.600(p), and no evidence of preauthorization was submitted, 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

_____	_____	May 14, 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 electrónico CompConnection@tdi.texas.gov.