



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Amtrust Insurance Co

MFDR Tracking Number

M4-25-1756-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

April 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 21, 2024	96158	\$150.00	\$0.00
September 21, 2024	96159	\$100.00	\$0.00
Total		\$250.00	\$0.00

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 February 20, 2025 that states, "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

"It is the Respondent's position that DWC Rule 134.600(p)(7) requires all psychological services to be preauthorized. The treatment in dispute, while billed a behavioral health intervention, was in fact, psychotherapy. The documentation for the services specifically states "therapist recommends client continue psychotherapy to address stated treatment goals." Therefore, as the treatment provided was psychotherapy, reimbursement is not owed due to failure of the Requestor, and/or Claimant's treating doctor, to obtain preauthorization for the services."

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 \(TAC\) §133.307](#) sets out the requirements of medical fee dispute resolution.
2. [28 TAC §134.600](#) sets out the requirements of prior authorization.
3. [28 TAC §134.203](#) sets out the billing requirements for professional medical services.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment
- G15 – Pricing is calculated based on the medical professional fee schedule value
- P13 - Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies
- U02 – The billed service was reviewed by UR and denied
- 197 – Precertification/authorization/notification/pre-treatment absent
- 216 – Based on the findings of a review organization
- 350 – Bill has been identified as a request for reconsideration or appeal
- 932 – Not authorized for service per utilization recommendation
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal

Issues

1. Is the insurance carrier's denial supported?

Findings

1. The requestor seeks reimbursement of the following services rendered on September 21, 2024.
 - 96158 – Health behavior intervention, individual, face-to-face; initial 30 minutes

- 96159 – Health behavior intervention, individual, face-to-face; each additional 15 minutes.

The insurance carrier denied the service for lacking prior authorization. DWC Rule 134.600 (p)(7) states, "Non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized return-to-work rehabilitation program."

DWC Rule 134.203 (b) states in relevant part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply Medicare payment policies, including its coding; billing..."

Review of the coding description of code 96158 is listed as, "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 information presented by the requestor does not support that the disputed services do not require prior authorization. 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 additional 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

April 28, 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.