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
Amtrust Insurance Co.

MFDR Tracking Number
M4-25-1757-01

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 30, 2024	96158	$150.00	$134.45
September 30, 2024	96159	$100.00	$91.02
	Total	$250.00	$225.47

Requestor's Position

Excerpt from the request for reconsideration dated February 20, 2025: "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 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."

Response Submitted by: Downs Stanford, P.C.

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.
3. 28 TAC §134.203 sets out the fee guidelines for professional medical services.

Denial Reasons

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

- 197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.
- 216 - BASED ON THE FINDINGS OF A REVIEW ORGANIZATION.
- 932 - NOT AUTHORIZED FOR SERVICE PER UTILIZATION RECOMMENDATION.
- G15 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.
- P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- W3 & 350 - 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 reason based on lack of preauthorization supported?
2. Is the Insurance Carrier's denial based on the findings of a review organization supported?
3. Is the Requestor entitled to reimbursement?

Findings

1. A review of the submitted documentation finds that the services in this dispute, CPT codes 96158 and 96159, were denied reimbursement based on lack of preauthorization.

   CPT code 96158 is a medical procedural code described as "Health behavior intervention, individual, face-to-face; initial 30 minutes." This intervention focuses on addressing cognitive, emotional, social, and cultural factors that may hinder the management of the patient's physical health issues. This code represents the first 30 minutes of a face–to–face session with the patient.

   CPT code 96159 is a medical procedural code described as "Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for

primary service)." This intervention focuses on addressing cognitive, emotional, social, and cultural factors that may hinder the management of the patient's physical health issues. This code represents each additional 15 minutes of a face–to–face session with the patient.

These procedure codes are used to identify and address psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems. These services are not used for mental health diagnoses. They are distinct from psychotherapy. They are also separate from psychological testing.

More information about Health Behavior Intervention services can be found at Article - Health and Behavior Assessment/Intervention – Medical Policy Article (A52434).

DWC finds that in accordance with 28 TAC §134.600 (p), which sets out non-emergency health care requiring preauthorization, individual health behavior intervention sessions, based on the CPT definitions above, do not meet the criteria of services requiring preauthorization.

DWC finds that the disputed CPT codes 96158 and 96159, rendered on September 30, 2024, did not require preauthorization, in accordance with 28 TAC §134.600(p). Therefore, DWC finds that the insurance carrier's denial based on lack of preauthorization is not supported.

2. A review of the submitted documentation finds that the services in this dispute, CPT codes 96158 and 96159, were denied reimbursement in part based on the findings of a review organization. This denial refers to a review performed by an independent review organization (IRO) for determination of medical necessity.

   28 TAC §133.307, which sets out the procedures for resolving medical fee disputes, states in pertinent part, "(d) Responses. Responses to a request for MFDR must be legible and submitted to the division and to the requestor in the form and manner prescribed by the division… (2) Response. 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: … (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 finds that an IRO determination for medical necessity was not included in the submitted documents as required by 28 TAC §133.307(d)(2)(I). Therefore, DWC concludes that the denial reason based on the findings of a review organization is not supported.

3. The requestor is seeking reimbursement in the amount of $250.00 for the disputed services billed under CPT codes 96158 x 1 unit and 96159 x 2 units, rendered on September 30, 2024. Because the insurance carrier's denial reason is not supported, these disputed services will be reviewed and adjudicated in accordance with applicable DWC Statutes and Rules.

   28 TAC §134.203(b)(1) which applies to the services in dispute, states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its

coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

A review of the submitted medical record finds that the health care provider documented the start and end time, totaling one hour, face to face, in person session rendered on September 30, 2024. A review of the medical bill submitted finds that the requestor billed for 1 unit of CPT 96158, representing the first 30 minutes of the session and billed for 2 units of CPT code 96159, representing the next two 15-minute increments of the session. DWC finds that both codes have a Multiple Procedure Indicator of "0" meaning they are not subject to multiple procedure payment rate discounting.

DWC finds that the documentation of time spent supports the units billed of the CPT codes in dispute and that the medical bill appropriately represents the services rendered. Therefore, DWC finds that the requester is entitled to reimbursement for the services of CPT codes 96158 x 1 unit and 96159 x 2 units rendered on September 30, 2024.

28 TAC §134.203, which applies to the reimbursement of the services in dispute, states in pertinent part, "(c) To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is $52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

In accordance with 28 TAC §134.203, the MAR for the services in dispute is calculated as follows:

- Medicare rates are published annually, by locality.
- Per the submitted medical bills, the services were rendered in zip code 78230; the Medicare locality is 99.
- To determine the MAR the following formula is used:
  (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR
- The 2024 DWC Conversion Factor is 67.81
- The Medicare Conversion Factor for the disputed date of service in 2024B is 33.2875

<u>For CPT code 96158 x 1 unit</u>

- The Medicare Participating amount for CPT code 96158 at locality 99 on the disputed date of service is $66.00.

- Using the above formula, DWC finds the MAR is $134.45 for one unit of CPT code 96158.

For CPT code 96159 x 2 units

- The Medicare Participating amount for CPT code 96159 at locality 99 on the disputed date of service is $22.34.
- Using the above formula, DWC finds the MAR is $91.02 for 2 units of CPT code 96159.

Total MAR

- Per the calculations above, the total MAR amount for CPT codes 96158 x 1 unit and 96159 x 2 units, rendered on September 30, 2024, in locality 99, is $225.47.
- The insurance carrier paid $0.00.
- Therefore, reimbursement in the amount of $225.47 is recommended.

DWC finds that the requestor is entitled to reimbursement in the total amount of $225.47 for the services in dispute rendered on September 30, 2024.

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 established that reimbursement is due in the amount of $225.47.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed date of service September 30, 2024. It is ordered that the Respondent, Amtrust Insurance Co., must remit to the Requestor, Nueva Vida Behavioral Health, $225.47 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		June 25, 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.