



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Nueva Vida Behavioral Health

Respondent Name

Hartford Underwriters Insurance Co.

MFDR Tracking Number

M4-25-1763-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

April 2, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 13, 2024	96158	\$150.00	\$0.00
September 13, 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

"The original bill for dos 9/13/24... denied as not authorized per adjuster on 10/22/24. Bill was denied per PLN 11 on file. The diagnosis on the HCFA states... Per medical records, treatment is for..."

Response Submitted by: The Hartford

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 precertification/authorization.
- 2005 - NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- UR01 – We are in receipt of your bill for services. Reimbursement is being withheld per utilization review until determined reasonable and necessary.
- W3 - Appeal/ Reconsideration.
- 309 - THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE.
- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- AUTH - PAYMENT DENIED/REDUCED FOR ABSENCE OF, OR EXCEEDED, PRE-CERTIFICATION/AUTHORIZATION. PRE-AUTHORIZATION WAS NOT OBTAINED AND TREATMENT WAS RENDERED WITHOUT THE APPROVAL OF TREATING DOCTOR. IF YOU REQUIRE ADDITIONAL INFORMATION REGARDING THIS BILL DECISION, CONTACT THE CLAIM HANDLER.

Issues

1. Is the Insurance Carrier's denial reason based on lack of preauthorization 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 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.”

DWC finds that the disputed CPT codes 96158 and 96159, billed for September 13, 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.

- 2. The requestor is seeking reimbursement in the amount of \$250.00 for the services in dispute rendered on September 13, 2024. Because the insurance carrier’s denial reason is 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 requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 2, 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.