

Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Nueva Vida Behavioral Health
Associates, Inc.

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-26-0905-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 29, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 28, 2025	96158 x 1 unit	\$150.00	\$0.00
March 28, 2025	96159 x 2 units	\$100.00	\$0.00
Total		\$250.00	\$0.00

Requester's Position

"Please review the attached claim, which was denied per 'Plan procedures not followed / Billed services exceeds the UR amount authorized'."

Amount in Dispute: \$250.00

Respondent's Position

"Standing on Previous Denial: • Previous reconsideration - Bill TSTX- [redacted] denial issued 10/19/2025 and TSTX-[redacted] issued 04/11/2025 (original bill) were denied for no preauthorization. • The provider has not received prior authorization for treatment • We are maintaining our position on previous denials under new bill TSTX-[redacted]."

Response Submitted by: TASB Risk Management Fund

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](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.600](#) sets out the guidelines for preauthorization, concurrent utilization review and voluntary certification of health care.

Denial Reasons

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

- 197 – Precertification/authorization/notification absent.
- 240 – Preauthorization not obtained.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 95 – Plan procedure not followed.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 351 – No additional reimbursement allowed after review of appeal/reconsideration.
- U05 – The billed service exceeds the UR amount authorized.
- W3 – In accordance with the TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- Note: No Preauthorization was obtained for the services billed. Standing on denial no payment to be issued.

Issues

1. Is the insurance carrier's denial supported?
2. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement for CPT codes 96158 x 1 unit and 96159 x 2 units rendered on March 28, 2025. A review of the submitted documentation finds that the services in this dispute 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 an add on 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.”

A review of the documentation finds that the disputed CPT codes 96158 and 96159, billed on March 28, 2025, required preauthorization, in accordance with 28 TAC §134.600(p). The documentation submitted 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 requester is seeking reimbursement in the amount of \$250.00 for the services in dispute rendered on March 28, 2025, because the insurance carrier’s denial reason is supported, DWC finds that the requester is not entitled to reimbursement.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester 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

Signature

Medical Fee Dispute Resolution Officer

December 16, 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, 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.