



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Nueva Vida Behavioral Health Associates

Respondent Name

BITCO General Insurance Corp

MFDR Tracking Number

M4-26-1386-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 16, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 15, 2025	96158	\$150.00	\$0.00
January 15, 2025	96159	\$100.00	\$0.00
February 4, 2025	96158	\$150.00	\$0.00
February 4, 2025	96159	\$100.00	\$0.00
February 18, 2025	96158	\$150.00	\$0.00
February 18, 2025	96159	\$100.00	\$0.00
Total		\$750.00	\$0.00

Requester's Position

"Please review the attached claim, which was denied per 'No PreAuthorization / Precertification'."

Amount In Dispute: \$750.00

Respondent's Position

"The EORs denied the services on the basis of absence of preauthorization and for the services not being documented in the patient's medical records. The Provider claims that preauthorization is not required for the services in question on the basis of rule 134.600(p). The Provider's position is that the services in question are not in the laundry list of services requiring preauthorization as set out in rule 134.600(p). Regardless of the Provider's position, preauthorization is required not only under rule 134.600(p) but also under rule 137.100 which is the medical treatment guidelines based upon the ODG. The Provider must show that preauthorization is not required under either of the rules. The Provider has failed to do so. The Provider is not entitled to any reimbursement."

Response Submitted By: Flahive, Ogden & Latson

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [134.600](#) sets out the guidelines for preauthorization, concurrent utilization review and voluntary certification of health care

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 197 – Payment adjusted for absence of precert/preauth.
2. B12 – Svcs not documented in patient medical records.
3. 97A – Provider appeal.
4. W3 – Appeal/Reconsideration.
5. B20 – Svc partially/fully furnished by another provider.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester waive the right to medical fee dispute resolution (MFDR) for the date of service January 15, 2025?
3. Is the insurance carrier's denial based on preauthorization supported?
4. 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 multiple dates, January 15, 2025, February 4, 2025 and February 18, 2025. A review of the submitted documentation finds that the services in this dispute were denied reimbursement based on lack of preauthorization.
2. The request for medical fee dispute resolution for date of service January 15, 2025 was received on January 16, 2026.

28 TAC Section 133.307(c)(1), states, "Timeliness. A requestor must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

- (a) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.
- (b) A request may be filed later than one year after the date(s) of service if:
 - (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability.
 - (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
 - (iii) the dispute relates to a refund notice issued pursuant to a division audit or review; the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

In this case, the disputed date of service is January 15, 2025. The Division received MFDR request on January 16, 2026, which is more than one year after the date of service. Upon review of the documentation provided, there is no indication that the dispute falls within any of the exceptions described in 28 TAC §133.307(c)(1)(B).

Therefore, the Division concludes that the requester failed to file the MFDR request within the required timeframe and has consequently waived the right to pursue Medical Fee Dispute Resolution for date of service, January 15, 2025.

3. For dates of service February 4, 2025 and February 18, 2025, the insurance carrier denied

payment due to 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 Section 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 February 4, 2025 and February 18, 2025, required preauthorization, in accordance with 28 TAC Section 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.

4. The requester is seeking reimbursement in the amount of \$500 for the services in dispute rendered on February 4, 2025 and February 18, 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 requester and the respondent presented 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 Texas Labor Code Sections [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

February 9, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.