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

Requester Name

Nueva Vida Behavioral Health

Respondent Name

Argonaut

MFDR Tracking Number

M4-26-1871-01

Insurance Carrier's Austin Representative

BOX 17 Downs Stanford PC

DWC Date Received

March 3, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 22, 2025	96158	$150.00	$0.00
April 22, 2025	96159	$100.00	$0.00
	Total	$250.00	$0.00

Requester's Position

Excerpt from the request for reconsideration dated February 4, 2026: "The appropriate CPT code for Health and Behavior Intervention is 96158/96159, which is accepted under the Medical Fee Guidelines for Worker's Compensation Specific Professional Services subchapter c §134.203 (b,) for coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section… 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."

Amount In Dispute: $250.00

Respondent's Position

The Austin carrier representative for Argonaut Insurance Co. is Downs Stanford, PC. The representative was notified of this medical fee dispute on March 4, 2026.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 procedures for preauthorization.
3. 28 TAC Section 134.203 sets out the fee guidelines for professional medical services.
4. Labor Code Section (TLC) 413.011 sets out reimbursement policies and guidelines for medical services.

Adjustment Reasons

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

95 – PLAN PROCEDURES NOT FOLLOWED.

P12 – Workers' compensation jurisdictional fee schedule adjustment.

193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

W3 - IN ACCORDANCE WJTH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial based on "Plan procedures not followed" supported?
3. What rules apply to the services in dispute?
4. Does the medical bill support the documented services in dispute?
5. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves non-payment of professional medical services billed under CPT codes 96158 and 96159, provided on April 22, 2025.

   The requester is seeking reimbursement in the amount of $250.00. The insurance carrier nor its representative has responded to notification of this MFDR request. DWC will review the submitted documentation to determine entitlement to reimbursement in accordance with DWC Statutes and Rules.

2. A review of the submitted EOB finds that the services in dispute were denied due to "plan procedures not followed". This reason for denial could indicate that the claim is within a certified health care network or that the services required preauthorization.

   According to information known to DWC, this injured employee's claim is a non-network claim. Therefore, the reason for denial which may indicate the claim is within a certified health care network is not supported.

   The disputed procedure codes are defined as follows:

   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.

Regarding a denial based on lack of preauthorization, the disputed procedure codes, 96158 and 96159, 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 Section 134.600(p), which sets out non-emergency health care requiring preauthorization, individual health behavior intervention sessions, based on the CPT definitions, do not meet the criteria of services requiring preauthorization.

DWC finds that the disputed CPT codes 96158 and 96159, billed on April 22, 2025, did not require preauthorization, in accordance with 28 TAC Section 134.600(p). Therefore, DWC finds that the insurance carrier's denial based on lack of preauthorization is not supported.

3. Because the disputed services are considered professional medical services, DWC finds that 28 TAC Section 134.203 applies, stating in pertinent part, "(b)(1) "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."

4. A review of the submitted medical bill finds that the requester billed one unit of CPT code 96158 and two units of CPT code 96159 with no modifiers appended. Field 24-B of the CMS 1500 claim form is populated with place of service (POS) code 10, indicating that the patient was in their home when receiving a telehealth service.

   As indicated in finding number three, in accordance with 28 TAC Section 134.203, DWC has adopted Medicare payment policies including coding, billing, and required modifiers. Furthermore, TLC Section 413.011 requires DWC to adopt the most current reimbursement methodologies, models, and values or weights used by CMS, including applicable payment policies related to coding, billing, and reporting.

   Medicare Claims Processing Manual, Pub. 100-04, Chapter 26, under Special Considerations for Telehealth Claims, the official guideline states in pertinent part, "Beginning in CY 2024, practitioners may receive either the facility or the non-facility payment rate for an otherwise eligible Medicare telehealth service, depending on whether the billing practitioner selects POS code 02 or POS code 10… As appropriate, POS 02 or **POS 10 may be used and must be paired with the appropriate telehealth modifier (modifier 93 for audio-only** and modifier 95 for audio/video). The payment rate for POS 02 is the facility payment rate (F); the payment rate for POS 10 is the non-facility rate (NF). Use of audio-only (93) or audio-

video (95) does not change rate of payment, only the POS code determines the non-facility or facility payment rate."

The submitted medical report documents that the service in question was rendered via audio only telehealth. The CMS-1500 medical claim form does not indicate that modifier "93" was appended to the disputed CPT codes 96158 and 96159 as required by Medicare policy. Therefore, in accordance with 28 TAC Section 134.203 DWC finds that the medical bill submitted does not support the documented services in dispute rendered on April 22, 2025.

5. The requester is seeking reimbursement in the total amount of $250.00 for CPT codes 96158 and 96159, rendered on April 22, 2025. Because the medical bill submitted does not support the documented services in dispute, as is required by Medicare billing and payment policies and in accordance with 28 TAC Section 134.203, reimbursement is not recommended.

   DWC finds that the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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	May 28, 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 electronico CompConnection@tdi.texas.gov.