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

Northside ISD

MFDR Tracking Number

M4-26-2674-01

Insurance Carrier's Austin Representative

BOX 16 Ray Peña McChristian PC

DWC Date Received

May 26, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 18, 2026	96158	$150.00	$0.00
March 18, 2026	96159	$100.00	$0.00
	Total	$250.00	$0.00

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a copy of a document labeled, "Request for Reconsideration" that states, "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

"This service was included in a preauthorization request from Requestor (Individual Psychotherapy x 12 sessions over 24 weeks) which was not preauthorized on February 27, 2026, as not being

medically necessary. …Neither the Requestor nor Claimant sought a request for review of this adverse determination by an Independent Review Organization (IRO)."

Response Submitted By: Ray Pena McChristian, PC

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:

- 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
- 5264 – Payment is denied-service not authorized.
- 5477 – Charges denied as still under investigation.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 197 – Payment denied/reduced for absence of precertification/authorization.
- P8 – Claim is under investigation.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier support the denial listed on the submitted explanation of benefits?

Findings

1. The requester seeks reimbursement of code 96158 – Health behavior intervention, individual, face-to-face; initial 30 minutes and 96159 – Health behavior intervention, individual face-to-face; each additional 15 minutes for date of service March 18, 2026 in the amount of $250.00. The insurance carrier denied the services as not being prior authorized.

2. The insurance carrier denied the disputed charges on date of service March 18, 2026 as not being authorized. In support of this denial, the insurance carrier submitted an adverse determination dated February 27, 2026. Based on the information available at the time of this review, DWC finds the insurance carrier's denial is supported. No payment is recommended.

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	June 23, 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.