

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/26/02.

I. DISPUTE

Whether there should be reimbursement for 99213-MP – office visit with manipulation, 95851 – range of motion measurements and report, 97110 – therapeutic procedures, 97265 – joint mobilization, 97250 – myofascial release and 97122 – manual traction from 10/17/01 through 5/24/02.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10/17/01	99213- MP 20 units	\$960.00	\$0.00	D	\$48.00 per unit	RULE 134.600 (h)	On 1/30/03, the requestor withdrew all medical necessity portions of this dispute. This disputed service does not require preauthorization and would be solely a medical necessity issue, therefore all services denied by "V" are withdrawn. The services of 10/17/01 and 10/24/01 were not paid per the EOB as a duplicate billing. Therefore, these two dates of service along with 1/11/02, 1/30/02 and 2/1/02 can be reviewed per the Medical Fee Guideline. The documentation submitted supports delivery of all services as billed. Reimbursement of \$240.00 is recommended.
10/24/01				D			
12/10/01				V			
12/13/01				V			
12/14/01				V			
12/17/01				V			
12/18/01				V			
12/19/01				V			
12/21/01				V			
12/27/01				V			
1/2/02				V			
1/4/02				V			
1/7/02				V			
1/11/02				V, F			
1/23/02				V			
1/25/02				V			
1/30/02				V, F			
2/1/02				V, F			
2/7/02				V			
5/24/02				V			

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10/31/01	95851	\$72.00	\$0.00	G	\$36.00 per unit	MFG, MGR (I)(A)(8)	The 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8) states, "Range of motion measurements and muscle testing as performed by the physical or occupation therapist during this re-evaluation are included in this code and shall not be reimbursed separately. The documentation submitted by the requestor indicates the testing was done by doctor, therefore, reimbursement of muscle testing 95851 is recommended for \$72.00.
11/2/01 12/27/01 1/2/02 1/7/02 1/8/02 1/11/02 1/22/02 1/23/02 1/30/02 2/1/02	97110 x 30 units	\$1,050.00	\$0.00	F F V V A V V V V V	\$35.00 per unit	Rule 134.600 (h)(10) Rule 134.600 (b)(1)	Rule 134.600 (b)(1) states, "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury...when...(B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;" Once preauthorization is given a service can not denied for medical necessity. The requestor submitted a preauthorization letter supporting that 12 visits from 12/4/01 through 1/7/02 had been preauthorized. However, recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of

							individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.
1/2/02 1/7/02 1/8/02 1/11/02 1/22/02 1/23/02 1/30/02 2/1/02	97265 x 8 units	\$0.00	\$0.00	V V A V V V V V	\$43.00 per unit	Rule 134.600 (h)(10)	The requestor withdrew all medical necessity portions of this dispute. However there had been prior preauthorization of services through 1/7/02. Therefore, reimbursement for 1/2/02 and 1/7/02 is recommended for \$86.00. The 1/8/02 date of service was denied properly for lack of preauthorization.
1/2/02 1/7/02 1/8/02 1/11/02 1/22/02 1/23/02 1/30/02 2/1/02	97250 x 8 units	\$344.00	\$0.00	V V A V V V V V	\$43.00 per unit	See above.	Same as above. Recommend reimbursement for 1/2/02 and 1/7/02 of \$86.00. The 1/8/02 date of service was denied properly for lack of preauthorization.
1/2/02 1/7/02 1/8/02 1/22/02 1/23/02 1/30/02 2/1/02	97122 x 7 units	\$245.00	\$0.00	V V A V V V V	\$35.00 per unit	See above.	Same as above. Recommend reimbursement for 1/2/02 and 1/7/02 of \$70.00. The 1/8/02 date of service was denied properly for lack of preauthorization.
TOTAL							The requestor is entitled to reimbursement of \$554.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 992123-MP, 95851, 97265, 97250 and 97122 in the amount of **\$554.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$554.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 31st day of March, 2004.

Noel L. Beavers
 Medical Dispute Resolution Officer
 Medical Review Division