

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 November 4, 2002.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110, 97032, 99213, 97265, 97250, 97750-MT, 97545-WH, 97546-WH, 97750-FC, and 99080-73 for dates of service January 17, 2002 through June 13, 2002.

II. RATIONALE

This dispute was initially docketed as a medical necessity dispute; however, the requestor withdrew the medical necessity issues. The remaining disputed issues will be reviewed according to the 1996 Medical Fee Guideline and the Texas Workers' Compensation Act and Rules.

- CPT Code 97110 for dates of service 1/17/02 (two 15 minutes sessions) and 1/30/02 (two 15 minutes sessions) were denied as “F – Fee Guidelines MAR reduction.” The requestor submitted a letter of preauthorization, #190910F0, from the respondent's utilization and review company, which preauthorized this CPT code for the first 30 minutes of each visit with a frequency of 12. The requestor submitted EOB's for this date of service that reflects two 15 minutes sessions had been paid per the preauthorization approval; therefore, additional reimbursement is not recommended.
- CPT Code 97032 for dates of service 1/17/02 and 3/8/02 were denied as “F – Fee Guidelines MAR reduction.” The requestor submitted a letter of preauthorization, #197137, from the respondent's utilization and review company, which preauthorized this CPT code with a frequency of 12. The requestor submitted SOAP notes for these dates of service that shows the injured worker received two units of electrical stimulation for each date of service. EOB's were also submitted showing no payment was authorized for the 1/17/02 date of service and 1 unit was paid for the 3/8/02 date of service. The requestor submitted SOAP notes that support services were rendered as billed; therefore, reimbursement in the amount of \$66.00 (\$22.00 x 3) is recommended.
- CPT Codes 97545-WH (14 total hours billed) and 97546-WH (30 total hours billed) for dates of service 3/25/02 through 4/3/02. The requestor submitted preauthorization (Utilization Review Number 197137F1 dated 3/21/02) for Work Hardening for 10 sessions and EOB's for dates of service 3/27/02 and 3/29/02 denied the services as “A – Pre-Authorization Not Obtained” and an EOB for dates of service 3/25/02, 3/28/02, 4/2/02, and 4/3/02 denied as “V – Unnecessary Treatment”. Per Rule 133.301(a) an insurance company may not retrospectively review the medical necessity of a medical bill when services have been preauthorized.

The requestor submitted SOAP notes that support services were rendered as billed; therefore, reimbursement in the amount of \$2,252.80 (44 hours x \$51.20 (non-CARF rate)) is recommended.

For dates of service 2/4/02 through 2/18/02; 4/24/02 through 4/29/02; and 5/3/02 through 6/13/02 requestor states that no EOB's were received. The respondent's rationale on the table of disputed services was "unable to locate bills"; therefore, these dates of service will be reviewed according to the 1996 Medical Fee Guideline (MFG) and the Texas Workers' Compensation Act and Rules (TWCC Act and Rules).

- CPT Code 99213 for dates of service 2/4/02, 2/11/02, 2/12/02, 2/13/02, 2/18/02, 4/24/02, 4/25/02, 4/29/02, 5/3/02, 5/7/02, 5/9/02, 5/13/02, 5/15/02, 5/16/02, 5/17/02, 5/21/02, 5/22/02, 5/23/02, 5/29/02, 6/5/02, and 6/13/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 MFG/Medicine Ground Rule (I)(A)(4) which states, "The following criteria shall be met for physical medicine treatment to qualify for reimbursement: 4) The patient shall be re-examined by the treating doctor within 60 days of the initiation of treatment... Thereafter, if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly". Per the rule referenced the requestor has submitted SOAP notes to support services were rendered as billed for office visits at one per month. Reimbursement in the amount of \$192.00 (\$48.00 x 4) is recommended.
- CPT Code 97265 for dates of service 2/4/02, 2/11/02, 2/12/02, 2/13/02, 2/18/02, 4/24/02, 4/25/02, 4/29/02, 5/3/02, 5/7/02, 5/9/02, 5/13/02, 5/15/02, 5/16/02, 5/21/02, 5/22/02, and 5/29/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 MFG/Medicine Ground Rule (I)(C)(3) the requestor submitted SOAP notes to support services were rendered as billed. Reimbursement in the amount of \$731.00 (\$43.00 x 17) is recommended.
- CPT Code 97250 for dates of service 2/4/02, 2/11/02, 2/12/02, 2/13/02, 2/18/02, 4/24/02, 4/25/02, 4/29/02, 5/3/02, 5/7/02, 5/9/02, 5/13/02, 5/15/02, 5/16/02, 5/21/02, 5/22/02, and 5/29/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 MFG/Medicine Ground Rule (I)(C)(3) the requestor submitted SOAP notes to support services were rendered as billed. Reimbursement in the amount of \$731.00 (\$43.00 x 17) is recommended.
- CPT Code 97110 (three 15 minutes sessions per visit x 16 visits = 48 sessions) for dates of service 2/4/02, 2/11/02, 2/12/02, 2/13/02, 2/18/02, 4/24/02, 4/25/02, 4/29/02, 5/3/02, 5/7/02, 5/9/02, 5/13/02, 5/16/02, 5/17/02, 5/21/02, 5/22/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the requestor documented the procedures were done in a one-to-one setting; however, the severity of the injury to warrant exclusive one-to-one treatment was not clearly defined. Reimbursement is not recommended.

- CPT Code 97032 (two sessions per visit x 13 = 26) for dates of service 2/4/02, 2/11/02, 2/12/02, 2/13/02, 4/24/02, 4/25/02, 4/29/02, 5/3/02, 5/7/02, 5/9/02, 5/13/02, 5/15/02, 5/17/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 MFG, Medicine Ground Rule (I)(A)(9)(a)(iii) the requestor submitted SOAP notes supporting the service were rendered as billed. Reimbursement in the amount of \$572.00 (\$22.00 x 26) is recommended.
- CPT Code 97750-MT for date of service 2/12/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 MFG, Medicine Ground Rule (I)(E)(3) the requestor submitted the muscle testing report to support services were rendered as billed. Reimbursement in the amount of \$43.00 is recommended.
- CPT Code 97750-FC for date of service 5/15/02 will be reviewed per the 1996 Medical Fee Guideline. Per the 1996 MFG, Medicine Ground Rule (I)(E)(2)(a) the requestor submitted the FCE report to support services were rendered as billed. Two hours were reported on the FCE report; therefore, reimbursement in the amount of \$200.00 is recommended.
- CPT Code 99080-73 for date of service 5/20/02 will be reviewed per the TWCC Act and Rules. Per §133.106(f)(1) the requestor is allowed to submit required reports on prescribed forms and be reimbursed in the amount of \$15.00. Requestor submitted the Work Status Report however, the TWCC-73 is not dated or signed by the doctor; therefore, reimbursement is not recommended.

IV. 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 CPT codes 97110, 97032, 99213, 97265, 97250, 97750-MT, 97545-WH, 97546-WH, 97750-FC, and 99080-73 in the amount of \$4,787.80 Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4,787.80** 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 here-by issued this 05th day of November 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

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