

MDR Tracking Number: M5-03-1907-01

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 3/28/03.

I. DISPUTE

Whether there should be additional reimbursement for 97110 from 8/13/02 through 11/8/02.

II. FINDINGS

Services from 9/9/02 through 11/1/02 were denied on the basis of lack of medical necessity. These services were subsequently dismissed when the requestor failed to submit the IRO fee to do the medical review. However, there are services from 8/13/03 through 11/8/03 that were either denied for "C" paid per contract or had no accompanying EOBs. These files will be reviewed on the basis of the 1996 Medical Fee Guideline.

III. RATIONALE

The EOBs submitted for dates of service 8/13/02 through 9/3/02 indicates that payment was made under negotiated contract. No rebuttal was made by the requestor.

Per Commission Rule 133.307 (e)(2)(A-B), "(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

Rule 133.307 (g)(3) states,

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

The requestor failed to furnish copies of either the medical bills or medical reports for each specific date of service.

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 medical documentation submitted 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.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 97110.

The above Findings and Decision are hereby issued this 27th day of April, 2004.

Medical Dispute Resolution Officer
Medical Review Division