

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 4-14-03.

I. DISPUTE

Whether there should be reimbursement for codes 97110, 97012, 97010, 99213, and 99212 billed on 5-1-02 to 6-24-02 and denied as "L" and "K".

II. RATIONALE

On 7-15-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Per TWCC records, the treating doctor was ____, DC with ____ from 4-10-02 until 3-26-04 when a new TWCC-53 was approved. Therefore, recommend reimbursement for disputed dates of service 5-1-02 through 6-24-02 for codes 99212, 97012, 97010, and 99213 - \$266.00.

No reimbursement recommended for code 97110 per the following rationale: 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

Code 99213 billed on 10-17-02 and 10-22-02 was denied as "T". The treatment guidelines were abolished on 1-1-02; therefore, recommend reimbursement of $\$48.00 \times 2 = \96.00 .

Codes 97110, 97012, and 97010 billed on 6-25-02 have been paid per reconsideration EOB dated 8-12-02. Therefore, no dispute exists for this date of service.

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. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$362.00** 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 4th day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division