

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 06-09-03. Dates of service 10-17-02 and 10-24-02 were withdrawn on 07-11-03 by Leanne Goolsby.

I. DISPUTE

Whether there should be reimbursement for code 97122 for dates of service 10-14-02 and 10-16-02 and whether there should be additional reimbursement for code 97110 for dates of service 10-14-02 and 10-16-02.

II. FINDINGS

On 07-17-03, the Division submitted a Notice to the requestor to notify the requestor that they had withdrawn all services disputed based upon lack of medical necessity. 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.

III. RATIONALE

CPT code 97122 for dates of service 10-14-02 and 10-16-02 denied with denial code "F". The requestor submitted relevant information to support delivery of service per Rule 133.307(g)(3)(A-F). Per the 96 MFG the MAR for code 97122 is \$35.00. Reimbursement therefore is recommended in the amount of \$35.00 times two dates of service. CPT code 97110 for dates of service 10-14-02 and 10-16-02 denied with denial code "F" and was reviewed per Rule 133.307(g)(3)(A-F). The rationale for CPT code 97110 is listed below. No additional reimbursement is recommended.

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.

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 additional reimbursement for CPT code 97110 and **is** entitled to reimbursement for CPT code 97122.

The above Findings and Decision and Order are hereby issued this 19th day of March 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh