

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 8-11-03.

## I. DISPUTE

Whether there should be reimbursement for 97750-MT, 97122, 97110, 97265, 97250 billed on 11-22-02 through 1-8-03 and denied by the carrier as duplicate and not per the MFG.

## II. RATIONALE

On 10-28-03, a Notice was issued stating that the Division determined that the issues in dispute are related to reimbursement based on fee issues only. 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.

97750-MT billed on 11-22-02 was denied as a duplicate charge. Since neither party submitted an original EOB, this review will be per the 1996 Medical Fee Guideline. Relevant information supports delivery of service. Recommend reimbursement of \$129.00.

97750-MT billed on 12-10-02 was denied as a duplicate charge for one unit. The carrier reimbursed the other two units. Since neither party submitted an original EOB, this review will be per the 1996 Medical Fee Guideline. Relevant information supports delivery of service. Recommend additional reimbursement of \$43.00.

97122 and 97110 billed on 1-6-03 were denied as "U-manipulation and/or physical therapy not to exceed four a day." The 1996 Medical Fee Guideline allows a maximum of any four modalities and a maximum of two hours for timed codes. Per the bill, only four physical therapy modalities were billed. 97122 is not a timed code. Relevant information supports delivery of service; therefore, recommend reimbursement of \$35.00. 97110 is a timed code and the carrier paid two units of the four units billed. No additional reimbursement recommended due to **RATIONALE** below.

97265, 97250, and 97122 billed on 1-8-03 were denied as "U-manipulation and/or physical therapy not to exceed four a day." The 1996 Medical Fee Guideline allows a maximum of any four modalities and a maximum of two hours for timed codes. Per the bill, only four physical therapy modalities were billed. Relevant information supports delivery of service; therefore, recommend reimbursement of  $\$43.00 + \$43.00 + \$35.00 = \$121.00$ .

**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 additional 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.

### **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 CPT codes 97750-MT, 97122, 97265, and 97250. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$328.00** 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 19th day of May 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division