

MDR Tracking Number: M5-03-3330-01

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 08-20-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97010, 97124, 97022-22, 99214, 97110, 97250, 99213, 99358-52 and 99080-73 for dates of service 11-18-02 through 06-13-03.

II. FINDINGS

On 10-30-03, the Division submitted a Notice to the requestor to notify the requestor that the issues in dispute were 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.

III. RATIONALE

Review of CPT codes 97010, 97124, 97022-22, 99214, 99213, 97110, 97250, 99358-52 and 99080-73 dates of service 11-18-02 through 11-27-02, 12-03-02 and 01-07-03 through 06-13-03 revealed that neither the respondent nor the requestor submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor did not submit convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

CPT code 97110 date of service 01-14-03 denied with denial code "F" (description not found). The carrier made a payment of \$70.00 per the EOB check # 0003720891. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section 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 MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement is not recommended.

CPT code 97124 dates of service 12-05-02 through 12-11-02 (5 DOS) denied with denial code T/270 (Not according to treatment guidelines). The treatment guidelines were abolished by statute effective 01-01-02. Services will be reviewed per the 96 Medical Fee Guideline. Reimbursement in the amount of \$140.00 (\$28.00 X 5) is recommended.

CPT code 97110 dates of service 12-05-02 through 12-11-02 (5 DOS) denied with denial code T/270 (Not according to treatment guidelines). The treatment guidelines were abolished by statute effective 01-01-02. Services will be reviewed per the 96 Medical Fee Guideline. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section 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 MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97250 dates of service 12-09-02, 12-10-02 and 12-11-02 denied with denial code T/270 (Not according to treatment guidelines). The treatment guidelines were abolished by statute effective 01-01-02. Services will be reviewed per the 96 Medical Fee Guideline. Reimbursement in the amount of \$129.00 (\$43.00 X 3) is recommended.

CPT code 99213 dates of service 12-05-02 through 12-11-02 (5 DOS) denied with denial code T/270 (Not according to treatment guidelines). The treatment guidelines were abolished by statute effective 01-01-02. Services will be reviewed per the 96 Medical Fee Guideline. Reimbursement in the amount of \$240.00 (\$48.00 X 5) is recommended.

CPT code 97010 dates of service 12-06-02 and 12-10-02 denied with denial code T/270 (Not according to treatment guidelines). The treatment guidelines were abolished by statute effective 01-01-02. Services will be reviewed per the 96 Medical Fee Guideline. Reimbursement in the amount of \$22.00 (\$11.00 X 2) is recommended.

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 CPT codes 97010, 97124, 97022-22, 99214, 99213, 97110, 97250, 99358-52 and 99080-73 dates of service 11-18-02 through 11-27-02, 12-03-02 and 01-07-03 through 06-13-03. The requestor **is** entitled to reimbursement for CPT codes 97124, 97250, 99213 and 97010 for dates of service 12-05-02 through 12-11-02.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12-05-02 through 12-11-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 23rd day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh