

## MDR Tracking Number: M4-05-0291-01

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 9-8-04

### I. DISPUTE

Whether there should be reimbursement for CPT code 97110, rendered on 9/30/03.

### II. RATIONALE

Review of the requestors' position statement dated, 9/8/04, states in part, "that the service was billed in accordance with TWCC policies".

Review of the respondent's position statement dated, 11/13/03, states in part, "that the service was reduced according to the fee schedule and also reduced for unbundling".

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 MDR 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 not recommended

### III. 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 code **97110**. Therefore, the Medical Review Division declines to issue an Order in this dispute.

The above Findings and Decision is hereby issued this 5<sup>th</sup> day of April 2005.

Regina Cleave  
Medical Dispute Resolution Officer  
Medical Review Division