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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 08/16/01 through 08/29/01.
   b. The request was received on 05/28/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
   a. TWCC 60 and letter requesting medical dispute resolution
   b. HCFAs-1500
   c. TWCC 62 forms
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit 2:

   a. TWCC-60 and response to a request for dispute medical resolution
   b. HCFAs-1500
   c. TWCC 62 forms
   d. Peer Review dated 10/15/01 & Peer Review dated 10/17/01
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. The Waco Field Office forwarded a copy of the requestor's 14 day response to the Austin Division to be placed in the carrier's representative box on 11/21/02. The carrier's representative stated he did not receive a copy of the provider's additional information per Rule 133.307 (g) (3). The Waco Field Office informed the carrier's representative that upon placement into the carrier box, they would have 14 days to respond. The case file does not contain a copy of the carrier's dated memo indicating receipt of the provider's additional information per Rule 133.307 (g) (4). The response from the carrier to the provider's additional information was received in the Austin Division on 12/03/02. The carrier's initial response was received in the Austin Division on 05/30/02. All information in the case file will be reviewed.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/01/02
"(Claimant) was seen for treatment 8/16, 8/17, 8/21, 8/23, 8/25, 8/27, and 8/29-2001. During these dates, (Claimant)'s care consisted of therapeutic exercises and manipulative therapy. The manipulative therapy was not pre-authorized as this is not required in the state of Texas. (Provider) received pre-authorization for the dates of service in dispute and (Carrier) is now denying payment due to a retrospective peer review. The precertification was obtained for said care on 8-6-01 [sic] These services were provided as part of a treatment program preauthorized by the insurance in accordance with TWCC Rule 134.600 and Insurance Code utilization review regulations. These services were preauthorized and payment then denied."

2. Respondent: Letter dated 05/30/02
"Based on the peer reviews and independent medical evaluation no further chiropractic treatment was reasonable or necessary based on the …Conference."

IV. FINDINGS

1. Based on Commission Rule 133.305(d)(1)(2), the only dates of service eligible for review are 08/16/01 through 08/29/01.

2. The carrier denied the disputed dates of services as : "C – NEGOTIATED CONTRACT" and "V – DISALLOWED BASED ON THE RESULTS OF PEER REVIEW."

3. Per the provider's TWCC-60, the amount billed was $690.00; the amount paid was $0.00; the amount in dispute is $676.00.

4. The TWCC 62 forms indicate a recommended reduction of $2.00 for CPT code 99213. Each CPT code has a PPO savings. The amounts in dispute are the amounts owed after the PPO deductions.

5. On 08/06/01 the provider received preauthorization for CPT code "97110 RX EXERC-ROM EA 15" Units: 12…" and "8/01/01 Received request for active physical therapy 3x/wks 4wks. 8/6/01Verbal [sic] approval per physician adviser given to …/Dr…CB160561A [sic}". In accordance with Rule 133.301, the insurance company shall not retrospectively the medical necessity of a medical bill for treatments and/or services for which the provider has obtained preauthorization under Chapter 134 of this title. Therefore, the "V" denial will not be addressed.

6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
08/16/01 08/17/01 08/21/01 08/23/01 08/25/01 08/27/01 08/29/01	99213 MP each DOS (except DOS 08/23/01 99213 only)	$50.00 each DOS ($350.00 total)	$0.00	C	$48.00 -PPO $7.20 each CPT code per DOS	Rule 133.1 (a) (8); MFG; E/M Ground Rules (IV) (A); CPT Descriptor	Rule 133.1 states that fair and reasonable reimbursement is reimbursement that meets the standards of § 413.011 of the Texas Labor Code, and/or the lesser of a health care provider's usual and customary charge or a negotiated contract amount. Medical documentation supports that the services were rendered. Therefore, reimbursement is recommended in the amount of **$244.80.** (6 DOS x $40.80 = $244.80)
08/16/01 08/17/01 08/21/01 08/27/01	97110 x2 for each DOS	$70.00 each DOS ($280.00 total)	$0.00	C	$35.00 ea. 15 minutes -PPO $10.50 each CPT code per DOS	MFG MGR (I)(A)(10) CPT descriptor Rule 133.1 (a) (8); Rule 133.301 (a)	Rule 133.1 states that fair and reasonable reimbursement is reimbursement that meets the standards of § 413.011 of the Texas Labor Code, and/or the lesser of a health care provider's usual and customary charge or a negotiated contract amount. Even though the provider received preauthorization, recent review of disputes involving one on one CPT Codes 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." The Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, **no** reimbursement is recommended.
08/23/01 08/29/01	99080 RP73 each DOS	$15.00 each DOS ($30.00 total)	$0.00	C	$15.00 -PPO $2.25 each CPT code per DOS	Rule 133.1 (a) (8); Rule 129.5 (i) (1); Rule 133.307 (g) (3) (B); CPT descriptor	Rule 133.1 states that fair and reasonable reimbursement is reimbursement that meets the standards of § 413.011 of the Texas Labor Code, and/or the lesser of a health care provider's usual and customary charge or a negotiated contract amount. A provider can bill $15.00 for a TWCC-73 Work Status form if the Rule criteria is met. A copy of pertinent medical records shall be included in the provider's request for medical dispute. In the review of the case file, no TWCC 73 forms for the dates of service were found to document and determine if the services were rendered as billed. **No** reimbursement is recommended.
08/23/01 08/23/01	99070 99070	$15.00 each DOS ($30.00 total)	$0.00	C	DOP Ice pack -PPO $1.63 analgesic balm -PPO $2.25 each CPT code per DOS	Rule 133.1 (a) (8); CPT descriptor	Rule 133.1 states that fair and reasonable reimbursement is reimbursement that meets the standards of § 413.011 of the Texas Labor Code, and/or the lesser of a health care provider's usual and customary charge or a negotiated contract amount. Medical documentation supports that the services were rendered. Reimbursement in the amount of **$22.02** is recommended. ($12.76 balm + $9.26 cold pack = $22.02)
Totals		$690.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$266.82.**

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby Orders the Respondent to remit $266.82 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 6th day of January 2003

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm