

MDR Tracking Number: M5-04-0058-01

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 09-03-03. Date of service 08-30-02 per Rule 133.308(e)(1) was not timely filed and will not be reviewed by the Medical Review Division.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110, 99213, 97035, 97250, 99214, 97010 and 99358-52 for dates of service 10-10-02 through 11-22-02 and 12-04-02, 01-29-03 and 04-07-03.

II. FINDINGS

On 11-13-03, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. 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 97110 date of service 10-14-02 (3 units) and date of service 10-16-02 (1 unit) denied with denial code "F" (documentation does not support or meet criteria for one-on-one therapy identified in the fee guidelines ground rules and/or CPT descriptor for reimbursement). 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 is not recommended.

Review of CPT code 97035 date of service 10-14-02 revealed that neither the requestor nor the respondent submitted a copy of the EOB. The requestor per Rule 133.307(e)(2)(B) submitted convincing evidence of carrier receipt of the provider's request for an EOB, however the requestor did not submit the reconsideration HCFA in accordance with Rule 133.304(k)(1)(a). No reimbursement is recommended.

CPT code 99213 dates of service 10-10-02, 10-14-02, 10-16-02 and 10-25-02 denied with denial code "H" (reimbursement is based upon half of the fee amount pending decision of audit or review). Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent did not provide audit/reconsideration EOBs. Additional reimbursement is recommended in the amount of \$102.50 ($\$48.00 \times 4 = \192.00 minus carrier payment of \$89.50).

CPT code 97110 dates of service 10-10-02 through 10-25-02 (5 DOS) denied with denial code "H" (reimbursement is based upon half of the fee amount pending decision of audit or review). Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent did not provide audit/reconsideration EOBs. 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 not recommended.

CPT code 97250 dates of service 10-10-02 and 10-16-02 with denial code "H" (reimbursement is based upon half of the fee amount pending decision of audit or review). Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent did not provide audit/reconsideration EOBs. Additional reimbursement is recommended in the amount of \$43.00 ($\$43.00 \times 2 = \86.00 minus carrier payment of \$43.00).

CPT code 99214 date of service 10-14-02 denied with denial code "D" (duplicate). The carrier did not specify a reason for denying this service as a duplicate. Reimbursement is recommended per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(VB) in the amount of \$71.00.

CPT code 97010 dates of service 10-23-02, 10-24-02 and 10-25-02 denied with denial code “H” (reimbursement is based upon half of the fee amount pending decision of audit or review). Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent did not provide audit/reconsideration EOBs. Additional reimbursement is recommended in the amount of \$16.50 ($\$11.00 \times 3 = \33.00 minus carrier payment of \$16.50).

CPT code 97035 dates of service 10-23-02, 10-24-02 and 10-25-02 denied with denial code “H” (reimbursement is based upon half of the fee amount pending decision of audit or review). Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. The respondent did not provide audit/reconsideration EOBs. Additional reimbursement is recommended in the amount of \$33.00 ($\$22.00 \times 3 = \66.00 minus carrier payment of \$33.00).

CPT code 99358-52 dates of service 09-26-02, 09-30-02, 10-22-02, 11-12-02, 11-22-02, 12-04-02 and 04-07-03 denied with denial code “N” (under the CPT-4 coding system, only “care beyond the usual service” qualifies for separate reimbursement). The requestor submitted information that met documentation criteria for dates of service 09-26-02 and 09-30-02. The requestor did not submit information for dates of service 10-22-02, 11-12-02, 11-22-02, 12-04-02 and 04-07-03. The MAR per the 96 Medical Fee Guideline is \$84.00. The requestor billed \$42.00 for each DOS, therefore reimbursement is recommended for dates of service 09-26-02 and 09-30-02 in the amount of \$84.00 ($\42.00×2 DOS).

CPT code 99213 date of service 01-29-03 denied with denial code “F” (reduction according to fee guidelines). The carrier has made no reimbursement. Reimbursement per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) is recommended in the amount of \$48.00.

IV. DECISION

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 99358-52, 99214 and 99213 and the requestor **is** entitled to additional reimbursement for CPT codes 97010, 99213, 97035 and 97250. The requestor **is not** entitled to reimbursement for CPT code 97110 for dates of service 10-10-02, 10-14-02, 10-16-02 and 10-25-02 and 97035 date of service 10-14-02.

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 10-10-02 through 01-29-03 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 10th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh