

MDR Tracking Number: M5-04-0115-01

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 9/8/03.

I. DISPUTE

Whether there should be additional reimbursement for 95851, 97110, 97530, A4558 x 2 units, 97750MT, 97265, 97250, 97122 and 99213 from 1/21/03 through 4/16/03.

II. FINDINGS

On 5/18/04, Carol Kelly of the requestor withdrew all services with the exception of services of 2/3/03, 3/5/03, 3/21/03 and 4/16/03. Therefore, all other services are withdrawn and will not be considered in this Decision.

The original Table of Disputed Services submitted by the requestor indicated services dated from 1/21/03 through 4/16/03 were in dispute. With the exception of the services above, the requestor has withdrawn all other services in dispute.

III. RATIONALE

The 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8) states, "Range of motion measurements and muscle testing as performed by the physical or occupation therapist during this re-evaluation are included in this code and shall not be reimbursed separately."

Rule 133.307 (g)(3) states, "(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

Section 408.021 Entitlement to Medical Benefits states, "An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury and when needed. The employee is specifically entitled to health care that:

- (1) cures or relieves the effects naturally resulting from the compensable injury;
- (2) promotes recovery; or
- (3) enhances the ability of the employee to return to or retain employment."

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
2/3/03	95831	\$36.00	\$0.00	F	36.00	Medicine Ground Rules (I)(8)	The MFG, MGR states that this service is reimburseable only if performed by the doctor, not the therapist. There is no Range of Motion Testing Report submitted by the requestor. The SOAP Note for this date of service makes no mention of this service. On this basis, reimbursement is not recommended.
3/5/03	97110 Four units at \$35.00 a unit.	\$140.00	\$0.00	F	140.00	Section 413.016	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 SOAP note for this date of service did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.
	97530 Four units at \$35.00 a unit.	\$140.00	\$70.00	H	140.00	Section 408.021 (a)(i)(1-3)	The carrier paid half of the service pending further investigation. The SOAP note for this date verified delivery of service. Additional reimbursement of \$70.00 is recommended.
3/21/03	A4558	\$18.00	\$0.00	No EOB	DOP	Rule 133.307 (g)(3)	The DME is conductive medical paste. No EOB was submitted. No

							SOAP note was submitted for this date of service to verify delivery of service. On this basis, reimbursement is not recommended.
4/16/03	A4558	\$18.00	\$0.00	No EOB	DOP	See above.	See above. Reimbursement is not recommended.
TOTAL		\$352.00	\$70.00				The requestor is entitled to reimbursement of \$70.00.

IV. 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 97530 of 3/5/03. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$70.00** 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 2nd day of July 2004.

Noel L. Beavers
 Medical Dispute Resolution Officer
 Medical Review Division

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