

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 10/24/03.

**I. DISPUTE**

Whether there should be additional reimbursement for 99213-MP, 97112, 97122, 97250 and 97110 from 10/21/02 through 11/25/02.

**II. FINDINGS**

Per Rule 133.307 (d)(1), disputed bills over 365 days old are outside Commission jurisdiction. For this reason, service prior to 10/24/02 will not be included in this Decision.

The requestor failed to pay the IRO fee as required per Rule 133.308. For this reason all disputed services from 10/24/02 through 11/25/02, denied for medical necessity, will not be included in this decision.

**III. RATIONALE**

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10/21/02	97112	\$ 35.00	\$ 0.00	C, F	\$30.00	Section 408.021 (a)(1-3)	Reduced per carrier per contract. The requestor disputes such a contract and the carrier offered no written contract to support their position. Reimbursement of \$30.00 is recommended.
	97122	\$ 35.00	\$ 0.00	C, F	\$35.00	See above.	See above. Reimbursement of \$35.00 is recommended.
	97250	\$ 43.00	\$ 0.00	C, F	\$43.00	See above.	See above. Reimbursement of \$43.00 is recommended.
	97110	\$ 35.00	\$ 0.00	C, F	\$35.00	Section 413.016 Texas Labor Code	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 notes 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.
10/24/02	99213MP	\$ 48.00	\$ 38.40	C, F	\$48.00	Section 408.021 (a)(1-3)	Reduced per carrier per contract. The requestor disputes such a contract and the carrier offered no written contract to support their position. Additional reimbursement of \$9.60 is recommended.
	97112	\$ 30.00	\$ 0.00	No EOB	\$30.00	Rule 133.307 (e)(2)(B)	An EOB was not submitted by either the requestor or respondent. The requestor furnished documentation that the bills were submitted for reconsideration and received by the carrier on 2/7/03. The SOAP note of 10/24/02 supports delivery of service. Reimbursement of \$30.00 is recommended.
	97122	\$ 35.00	\$ 0.00	No EOB	\$35.00	See above.	See above. Reimbursement of \$35.00 is recommended.
	97250	\$ 43.00	\$ 0.00	No EOB	\$43.00	See above.	See above. Reimbursement of \$43.00 is recommended.
	97110	\$ 35.00	\$ 0.00	No EOB	\$35.00	Section 413.016 Texas Labor Code	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 notes 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.
11/6/02	99213MP	\$ 48.00	\$ 38.40	C, F	\$48.00	Section 408.021 (a)(1-3)	Reduced per carrier per contract. The requestor disputes such a contract and the carrier offered no written contract to support their position. Additional reimbursement of \$9.60 is recommended.
11/11/02	99213MP	\$ 48.00	\$ 38.40	C, F	\$48.00	See above.	See above. Additional reimbursement of \$9.60 is recommended.
11/13/02	99213MP	\$ 48.00	\$ 38.40	C, F	\$48.00	See above.	See above. Additional reimbursement of \$9.60 is recommended.
11/20/02	99213MP	\$ 48.00	\$ 38.40	C, F	\$48.00	See above.	See above. Additional reimbursement of \$9.60 is recommended.
11/25/02	99213MP	\$ 48.00	\$ 38.40	C, F	\$48.00	See above.	See above. Additional reimbursement of \$9.60 is recommended.
TOTAL		\$579.00	\$230.40				The requestor is entitled to reimbursement of \$273.60.

#### 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 99213-MP, 97112, 97122 and 97250 in the amount of **\$273.60**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$273.60** 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 15<sup>th</sup> day of June, 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

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