

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 11-14-03.

I. DISPUTE

Whether there should be reimbursement for 97110 on date of service 1-6-03 and 1-14-03, 97750-FC on 1-16-03, 97545-WH-AP, 97546-WH-AP on 1-20-03 through 3-4-03, and 99455-L1-WP on 3-27-03.

II. FINDINGS

On 12-30-03, the Division received a letter of withdrawal for the medical necessity issues. On 1-6-04, the Division submitted a Notice to 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

Requestor billed code 97110 on 1-6-03, code 97750-FC-AP on 1-16-03 and codes 97545-WH-AP and 97546-WH-AP on 1-20-03 through 3-4-03. Carrier's first denial was "E-entitlement to benefits." Per TWCC records, a Benefit Dispute Agreement was signed on 6-2-03 in favor of the claimant to accept neck and left hand as compensable injury. Scheduled CCH was cancelled due to signed agreement.

Upon reconsideration on 7-24-03, the carrier denied the above charges as "940 – reevaluation-no additional payment recommended and O –denial after reconsideration." Therefore, this review will be per the 1996 *Medical Fee Guideline*. The requestor's relevant information failed to support delivery of service in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended.

Requestor billed 97110 on 1-14-03 and 99455-L1-WP on 3-27-03. Neither party submitted an EOB. **RATIONALE:** 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation.

The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

The requestor's relevant information failed to support delivery of service in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended.

IV. 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 codes 97110, 97750-FC, 97545-WH-AP, and 97546-WH-AP, and 99455-L1-WP.

The above Findings and Decision are hereby issued this 19th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division