

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 11/24/03.

I. DISPUTE

Whether there should be reimbursement for dates of service 12/16/02 through 2/26/03. The Carrier denied reimbursement as "N – Payment is denied because technique applied not stated nor what benefit if any. N – Payment is reduced/denied because no medical as to why patient is not progressing to active pt doc states improvement w/gait on last visit. F – May only bill 4 mods p/session p/day. ___ DC billed 4 mods FOP same date of service to same area."

II. FINDINGS

On 1/13/04, the Requestor submitted a withdrawal letter for the dates of service 12/31/02 and 1/02/03, and 1/03/03 (99213-MP) that were denied as unnecessary medical. On 1/16/04, a Notice was faxed 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 this Notice

III. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:		
12/16/02	99213-MP	\$60.00	\$0.00	N	\$48.00	1996 MFG, E/M, GR; CPT Descriptor	The Carrier states in their EOB that payment was denied because it does not include the technique used or what benefit it provided to the injured worker. According to the 1996 Medical Fee Guideline, E/M and CPT Descriptor codes, the Requestor met the criteria for billing CPT code 99213-MP. Relevant medical documentation was submitted to support the delivery of services as billed. Therefore, reimbursement is recommended in the amount of \$816.00(\$48.00 MAR x 17 days = \$816.00)		
12/18/02	99213-MP	\$60.00	\$0.00	N	\$48.00				
12/19/02	99213-MP	\$60.00	\$0.00	N	\$48.00				
12/23/02	99213-MP	\$60.00	\$0.00	N	\$48.00				
12/24/02	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/06/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/07/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/09/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/14/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/16/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/21/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/23/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/27/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
2/03/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
2/13/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
2/17/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
2/26/03	99213-MP	\$60.00	\$0.00	N	\$48.00				
1/03/03	97035	\$26.00	\$0.00	N	\$22.00			1996 MFG; CPT Descriptor	The Carrier denied payment stating there is no medical as to why the patient is not progressing to active status and previous medical states improvement. According to the 1996 Medical Fee Guideline, E/M and CPT Descriptor codes, the Requestor met the criteria for billing CPT code 99213-MP. Relevant medical documentation was submitted to support the delivery of services as billed. Therefore, reimbursement is recommended in the amount of \$48.00.
1/03/03	97014	\$18.00	\$0.00	N	\$15.00				
1/03/03	97010	\$15.00	\$0.00	N	\$11.00				

1/09/03	97110	\$160.00	\$0.00	F	\$120.00	1996 MFG MGR (I)(A)(10); Rule 133.307(g)(3); CPT Code Descriptor	Recent review of disputes involving one-on-one 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 therapy notes for these dates 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 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended.
Totals		\$219.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$864.00 .

III. 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 the above listed CPT codes. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$864.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M5-04-0895-01

The above Findings, Decision and Order are hereby issued this 7th day of May 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd