

MDR Tracking Number: M5-04-1341-01

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 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-13-04.

In letters dated 2-13-04 and 11-03-04 the requestor withdrew dates of service 1-22-03, 1-28-03 and 4-3-03 which included the items denied with a "U" denial code. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 2-13-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding services billed from 3-5-03 through 3-21-03: Review of the requester's and respondent's documentation revealed that neither party submitted timely copies of EOB's, however, the reconsideration HCFAs and certified mail receipt provided by the requestor reflected proof of billing in accordance with Rule 133.307 (f)(3). The disputed services will be reviewed according to the fee guidelines as outlined below:

CPT code 99213 for dates of service 3-5-03, 3-12-03, 3-14-03, 3-17-03, 3-21-03 - **Recommend reimbursement of \$240.00.**

CPT code 97150 for dates of service 3-5-03, 3-12-03, 3-14-03, 3-17-03 - **Recommend reimbursement of \$108.00.**

CPT code 97250 for dates of service 3-5-03, 3-14-03, 3-17-03 - **Recommend reimbursement of \$129.00.**

CPT code 97265 for dates of service 3-5-03, 3-14-03, 3-17-03 - **Recommend reimbursement of \$129.00.**

CPT code 97750-MT for dates of service 3-7-03, 3-20-03 - **Recommend reimbursement of \$215.00.**

CPT code 95851 for date of service 3-20-03 - **Recommend reimbursement of \$72.00.**

Regarding CPT code 97110 for dates of service 3-5-03, 3-12-03, 3-14-03, 3-17-03: 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.**

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 through 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)).

This Decision and Order is hereby issued this 5th day of November 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

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