

MDR Tracking #: M5-04-1539-01

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 4-08-03.

I. DISPUTE

Whether there should be reimbursement for the CPT codes 95851, 97110, 97250, 97265, 99213-MP, 99213 and 97032 from dates of service 5-29-02 through 9-5-02.

II. FINDINGS

The Medical Review Division dismissed the medical necessity request due to nonpayment of the IRO fee by the health care provider. The medical necessity included dates of service 8-12-02 and 8-14-02. 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 5-10-04 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. These medical fees are discussed in Section III.

The requestor withdrew date of service 5-23-02 on a revised table sent on 1-7-04. This date will not be a part of this review.

III. RATIONALE

CPT code 95851 on 5-29-02 and 6-25-02 was denied by the carrier as "UJ9 - this procedure is incidental to the related primary procedure billed." Per the 1996 MFG range of motion (95851) is not global to any other service billed on this date. **Recommend reimbursement of \$72.00. (\$36.00 X 2 DOS).**

Regarding CPT codes 97250, 97265, 99213-MP, 97032, 99213, 95851 from 5-30-02 through 6-5-02, 7-10-02, and 9-4-02 through 9-5-02: These services were billed by the requestor and denied by the carrier. Neither party submitted EOB's for these dates of services (and did not timely respond to the request for additional information). There is convincing evidence of carrier receipt of the provider's request for EOBs in accordance with Rule 133.307(e)(2)(B). Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended as follows:**

CPT code 97250 - \$215.00 (\$43.00 X 5 DOS)

CPT code 97265 - \$215.00 (\$43.00 X 5 DOS)

CPT code 99213-MP - \$48.00

CPT code 99213 \$192.00 (\$48.00 X 4 DOS)

CPT code 97032 - \$176.00 (\$22.00 X 8 Units).

CPT code 95851 - \$36.00

Regarding CPT codes 97250, 97265, 97032 and 99213 from 6-26-02 through 6-28-02: these services were denied as “ZFK-the charge exceeds the fee schedule.” The carrier did not reimburse a partial amount or give a valid reason for not doing so. **Reimbursement is recommended as follows:**

CPT code 97250 - \$86.00 (\$43.00 X 2 DOS)

CPT code 97265 - \$86.00 (\$43.00 X 2 DOS)

CPT code 99213 – \$96.00 (\$48.00 X 2 DOS).

CPT code 97032 - \$88.00 (\$22.00 X 4 Units)

Regarding CPT codes 97250, 97265, 97032 and 99213 from 8-20-02 through 8-28-02: These services were denied as “D – duplicate bill”. However, no original EOB’s were sent by either the carrier or the requestor. The carrier has not provided a valid denial code. **Reimbursement is recommended as follows:**

CPT code 97250 - \$129.00 (\$43.00 X 3 DOS).

CPT code 97265 - \$129.00 (\$43.00 X 3 DOS).

CPT code 99213-MP – \$96.00 (\$48.00 X 2 DOS).

CPT code 99213 - \$48.00

CPT code 97032 - \$44.00 (\$22.00 X 2 Units)

Regarding CPT Code 97110 for all dates of service: 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. **Reimbursement not recommended.**

IV. DECISION AND 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 CPT codes Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for dates of service 5-29-02 – 9-5-02 totaling \$1,756.00 as outlined above for the unpaid medical fees:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Decision and Order is hereby issued this 24th day of June, 2005.

Medical Dispute Resolution Officer
Medical Review Division