

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, 133.307 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. This dispute was received on 02-03-04.

The IRO reviewed joint mobilization, myofascial release, manual traction, therapeutic exercises, therapeutic activities, office visits and physical performance testing rendered from 05-29-03 through 09-17-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 04-21-04, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
06-16-03 06-17-03	99213	\$96.00 (1 unit @ \$48.00 X 2 DOS)	\$0.00	E	\$48.00	96 MFG E/M GR (VI)(B)	E – Services denied for entitlement. No TWCC-21 filed. Services reviewed per 96 MFG. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00 X 2 DOS = \$96.00
06-16-03 06-17-03	97265	\$86.00 (1 unit @ \$43.00 X 2 DOS)	\$0.00	E	\$43.00	96 MFG MEDICINE GR (I)(9)(c)	E – Services denied for entitlement. No TWCC-21 filed. Services reviewed per 96 MFG. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00 X 2 DOS = \$86.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
06-16-03 06-17-03	97250	\$86.00 (1 unit @ \$43.00 X 2 DOS)	\$0.00	E	\$43.00	96 MFG MEDICINE GR (I)(9)(c)	E – Services denied for entitlement. No TWCC-21 filed. Services reviewed per 96 MFG. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00 X 2 DOS = \$86.00
06-16-03 06-17-03	97122	\$70.00 (1 unit @ \$35.00 X 2 DOS)	\$0.00	E	\$35.00	96 MFG MEDICINE GR (I)(9)(b)	E – Services denied for entitlement. No TWCC-21 filed. Services reviewed per 96 MFG. Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$35.00 X 2 DOS = \$70.00
06-16-03 06-17-03	97110	\$280.00 (4 units @ \$140.00 X 2 DOS)	\$0.00	E	\$35.00	96 MFG MEDICINE GR (I)(9)(b)	E - Services denied for entitlement. No TWCC-21 filed. Services reviewed per 96 MFG. See rationale below. No reimbursement recommended.
06-25-03	99213	\$48.00 (1 unit)	\$0.00	NO EOB	\$48.00	96 MFG E/M GR (VI)(B)	The requestor nor respondent submitted an explanation of benefits. Reimbursement recommended in the amount of \$48.00
06-25-03	97265	\$43.00 (1 unit)	\$0.00	NO EOB	\$43.00	96 MFG MEDICINE GR (I)(9)(c)	The requestor nor respondent submitted an explanation of benefits. Reimbursement recommended in the amount of \$43.00
06-25-03	97250	\$43.00 (1 unit)	\$0.00	NO EOB	\$43.00	96 MFG MEDICINE GR (I)(9)(c)	The requestor nor respondent submitted an explanation of benefits. Reimbursement recommended in the amount of \$43.00
06-25-03	97122	\$35.00 (1 unit)	\$0.00	NO EOB	\$35.00	96 MFG MEDICINE GR (I)(9)(b)	The requestor nor respondent submitted an explanation of benefits. Reimbursement recommended in the amount of \$35.00
06-25-03	97110	\$140.00 (4 units)	\$0.00	NO EOB	\$35.00	96 MFG MEDICINE GR (I)(9)(b)	See rationale below. No reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
09-10-03	97750-MT	\$39.39 (1 unit)	\$0.00	NO EOB	\$36.94	Medical Fee Guideline effective 8-1-03	The requestor nor respondent submitted an explanation of benefits. Reimbursement recommended in the amount of \$36.94
TOTAL		\$966.39	\$0.00				Requestor is entitled to reimbursement in the amount of \$543.94

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.

This Findings and Decision is hereby issued this 23rd day of September 2004.

Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 06-16-03 through 09-17-03 in this dispute.

This Order is hereby issued this 23rd day of September 2004.

, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Decision copy sent to Requestor and Respondent.
10/14/04 APA decision, the parties settled on or about 5/31/05.