

**MDR Tracking #: M5-04-1606-01**

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 2-4-04. Dates of service 5-30-03, 6-5-03, 6-11-03, 6-16-03, 6-26-03, 7-2-03, 7-7-02, 7-9-030, 7-15-03, 7-31-03, 8-27-03 and 9-17-03 were withdrawn by the requestor.

**I. DISPUTE**

Whether there should be reimbursement for services provided from 6-18-03 through 10-21-03.

**II. FINDINGS**

The medical necessity items were withdrawn by the health care provider. 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 11-08-04 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.

CPT Code 97110 for 6-18-03 and 6-26-03 were denied by the carrier or no EOB was provided. 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.**

Regarding CPT Code 99213 for 6-18-03, 10-14-03 and 10-21-03: Neither the carrier nor the requestor provided EOB's for date of service. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). According to Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount or the as established by this rule or (2) health care provider's usual and customary charge). **Recommend reimbursement of \$166.00 (\$48.00 + \$59.00 x 2 DOS)**

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Regarding CPT Code 97250 for 6-18-03: Neither the carrier nor the requestor provided EOB's for date of service. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). According to Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount or the as established by this rule or (2) health care provider's usual and customary charge). **Recommend reimbursement of \$43.00 MAR.**

The work hardening/conditioning program from 9-22-03 through 10-10-03 was denied by the carrier with an "F" denial code. The carrier did make partial payments on these services. According to 134.202 (e)(5)(B)(ii) the hourly reimbursement for a non-CARF accredited program in work conditioning shall be \$36.00 an hour. **Additional reimbursement of \$540.00 is recommended.**

**III. DECISION & ORDER**

Pursuant to 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) for dates of service through July 31, 2003; in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c)(6); 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 6-18-03 through 10-21-03 as outlined above in this dispute.

The above Findings, Decision and Order are hereby issued this 26<sup>th</sup> day of January 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division