

MDR Tracking Number: M5-04-1617-01

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 02-05-04. Dates of service 04-15-02 through 01-24-03 were not timely submitted per rule 133.308(e)(1) and will not be reviewed by the Medical Review Division.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99078, 97530, 97540, 97110, 97545 and 97546 for dates of service 02-10-03 through 08-22-03.

II. FINDINGS

Review of the disputed issues by the Medical Review division revealed that the dispute contained fee issues only. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 03-12-04 requesting 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 the Notice.

III. RATIONALE

CPT code 99078 dates of service 02-10-03 through 06-20-03 (14 DOS) denied with denial code "N" (not appropriately documented/report necessary for reimbursement). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97530 dates of service 02-10-03 through 06-09-03 (12 DOS) denied with denial code "N" (not appropriately documented/report necessary for reimbursement). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97540 dates of service 02-10-03 through 06-09-03 (10 DOS) denied with denial code "N" (not appropriately documented/report necessary for reimbursement). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97110 dates of service 02-10-03 through 06-27-03 (34 DOS) denied with denial code "F" (reimbursement has been calculated according to the state fee schedule guidelines or relative and actual charge data amounts). Code 97110 date of service 08-16-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. 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.

CPT code 99078 dates of service 02-20-03 through 06-27-03 (20 DOS) denied with denial code "F" (reimbursement has been calculated according to the state fee schedule guidelines or relative and actual charge data amounts). The carrier has not made any payment. The requestor did not submit documentation for review. Per the 96 Medical Fee Guideline General Instructions GR III(A)(1-6) no reimbursement is recommended.

CPT code 97530 dates of service 02-20-03 through 06-27-03 (22 DOS) (66 units) denied with denial code "F" (reimbursement has been calculated according to the state fee schedule guidelines or relative and actual charge data amounts). The carrier has not made any payment. Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$2,310.00 (\$35.00 X 66 units).

CPT code 97540 dates of service 02-20-03 through 06-27-03 (22 DOS) denied with denial code "F" (reimbursement has been calculated according to the state fee schedule guidelines or relative and actual charge data amounts). The carrier has not made any payment. Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$704.00 (\$32.00 X 22 DOS).

CPT code 97545 dates of service 07-28-03 and 07-31-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$204.80 (\$128.00 X 2 DOS billed minus 20% for non-CARF provider = \$102.40 X 2 DOS).

CPT code 97545 dates of service 08-11-03 through 08-22-03 (6 DOS) denied with denial code "F/598 (Reimbursement for procedure has been calculated according to the guidelines for a program that is not CARF accredited). Reimbursement is per the Medical Fee Guideline effective 08-01-03 in the amount of \$614.40 (\$128.00 X 6 DOS billed minus 20% for non-CARF provider = \$102.40 X 6 DOS).

CPT code 97546 dates of service 07-28-03 and 07-31-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$614.40 (\$384.00 X 2 DOS billed minus 20% for non-CARF provider = \$307.20 X 2 DOS).

CPT code 97546 dates of service 08-11-03 through 08-22-03 (6 DOS) denied with denial code "F/598 (Reimbursement for procedure has been calculated according to the guidelines for a program that is not CARF accredited). Reimbursement is per the Medical Fee Guideline

effective 08-01-03 in the amount of \$1,843.20 (\$384.00 X 6 DOS billed minus 20% for non-CARF provider = \$307.20 X 6 DOS).

CPT code 97545 date of service 08-08-03 denied with denial code "A" (preauthorization required). Per TWCC advisory 2003-02 no preauthorization is required. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$102.40 (\$128.00 billed minus 20% for non-CARF provider).

CPT code 97546 date of service 08-08-03 denied with denial code "A" (preauthorization required). Per TWCC advisory 2003-02 no preauthorization is required. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$307.20 (\$384.00 billed minus 20% for non-CARF provider).

Review of CPT code 97540 date of service 08-16-03 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement is recommended.

IV. DECISION

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 97530 and 97540 for dates of service 02-20-03 through 06-27-03 that denied with denial code "F", codes 97545 and 97546 dates of service 07-28-03 through 08-22-03 that denied with denial codes "F" and "F/598" and date of service 08-08-03 that denied with denial code "A". The requestor **is not** entitled to reimbursement for CPT codes 99078 dates of service 02-20-03 through 06-27-03 denied with denial code "F", code 99078 dates of service 02-10-03 through 06-20-03, codes 97530 and 97540 dates of service 02-10-03 through 06-09-03 that denied with denial code "N", code 97110 dates of service 02-10-03 through 06-27-03 denied with denial code "F" and date of service 08-16-03 for which no EOB was submitted as well as code 97540 date of service 08-16-03 for which no EOB was submitted.

The above Findings and Decision are hereby issued this 13th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

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) and in accordance with Medicare program reimbursement methodologies effective 08-01-03 per Commission Rule 134.202(c), 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 02-20-03 through 08-22-03 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 Order is hereby issued this 13th day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review

RL/dlh