

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 03-09-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99070, 97110, 97112, 98940, 95925, 97140-59, 97012, 95900, 95903 and 95904 for dates of service 08-01-03 through 08-26-03.

II. FINDINGS

The medical necessity issues for dates of service 08-20-03 and 09-08-03 were withdrawn on 04-21-04 by Sylvia D. Garza from Boyd Chiropractic Centre. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 04-22-04 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 99070 date of service 08-01-03 denied with denial code "R" (relatedness). No TWCC-21 is on file. Reimbursement is recommended in the amount of \$20.00

CPT code 97110 dates of service 08-01-03, 08-04-03, 08-06-03 and 08-08-03 denied with denial codes "D" (duplicate) and "N" (not documented). 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 of all 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 is not recommended.

CPT code 97112 dates of service 08-04-03, 08-06-03 and 08-08-03 denied with "N" (not properly documented). The requestor provided information to meet documentation criteria. Reimbursement per the Medical Fee Guideline effective 08-01-03 in the amount of \$100.23 (\$26.73 X 125% = \$33.41 X 3 DOS).

CPT code 97112 dates of service 08-11-03 and 08-13-03 denied with denial code "G"(global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service code 97112 was global to, therefore it will be reviewed according to the Medical Fee Guideline effective 08-01-

03. Reimbursement is recommended in the amount of \$66.82 ($\$26.73 \times 125\% = \33.41×2 DOS).

CPT code 97112 date of service 08-01-03 denied with denial code "N" (not documented). The requestor submitted information to meet documentation criteria. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$33.41 ($\$26.73 \times 125\%$).

CPT code 98940 dates of service 08-01-03 and 08-04-03 denied with denial code "N" (not properly documented). The requestor provided information to meet documentation criteria. Reimbursement per the Medical Fee Guideline effective 08-01-03 in the amount of \$60.28 ($\$24.11 \times 125\% = \30.14×2 DOS).

CPT code 97140-59 dates of service 08-01-03, 08-04-03 and 08-06-03 denied with denial code "N" (not properly documented). The requestor provided information to meet documentation criteria. The requestor billed with modifier 59 which allows for separate reimbursement. Reimbursement per the Medical Fee Guideline effective 08-01-03 in the amount of \$92.70 ($\$24.72 \times 125\% = \30.90×3 DOS).

CPT code 97012 date of service 08-04-03 denied with denial code "F" (fee guideline MAR reduction). The respondent did not make any payment. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$17.21 ($\$13.77 \times 125\%$).

CPT code 95900 (6 units) date of service 08-26-03 denied with denial code "F" (fee guideline MAR reduction). The respondent did not make any payment. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$391.80 ($\$52.24 \times 125\% = \65.30 (6 units)).

CPT code 95903 (6 units) date of service 08-26-03 denied with denial code "F" (fee guideline MAR reduction). The respondent did not make any payment. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$430.20 ($\$57.36 \times 125\% = \71.70×6 units).

CPT code 95904 (8 units) date of service 08-26-03 denied with denial code "F" (fee guideline MAR reduction). The respondent did not make any payment. Reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$438.88 ($\$43.89 \times 125\% = \54.86×8 units).

CPT code 95925 (2 units) date of service 08-26-03 denied with denial code "F" (fee guideline MAR reduction). The respondent did not make any payment. Reimbursement per the Medical Fee Guideline effective 08-01-03 is 146.38 ($\$58.55 \times 125\% = \73.19×2 units). However, the requestor billed \$146.36 and therefore is the recommended amount of reimbursement.

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 99070, 97112, 98940, 97140-59, 95900, 95903, 95904 and 95925. The requestor **is not** entitled to reimbursement for CPT code 97110.

The above Findings and Decision and Order are hereby issued this 8th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh