

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 3-18-04.

I. DISPUTE

Whether there should be reimbursement for Therapeutic Procedures, Neuromuscular Reeducation, Diathermy and Hot-Cold Pack for dates of service 8-1-03 through 8-8-03.

II. FINDINGS

The requester has withdrawn the medical necessity request for dates of service 8-4-03, 7-28-03, 7-31-03, 8-11-03, 8-14-03 and 8-15-03. 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 4-28-04 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.

III. RATIONALE

- Regarding CPT Code 97110 for dates of service 8-1-03, 8-7-03, and 8-8-03: 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. **Additional reimbursement not recommended.**
- CPT code 97112 for dates of service 8-1-03, 8-7-03, and 8-8-03 was denied by the carrier with a D. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$100.23.**

- CPT code 97032 for dates of service 8-1-03, 8-7-03, and 8-8-03 was denied by the carrier with a D. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$56.49.**
- CPT code 97010 for dates of service 8-1-03, 8-7-03, and 8-8-03 was denied by the carrier. According to the Medicare Fee Guidelines, this is a bundled code and will not be paid separately. **Reimbursement not recommended.**

IV. DECISION AND 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 Medicare program reimbursement methodologies for dates of service after August 1, 2003 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 Decision is applicable for dates of service 8-1-03 through 8-8-03 as outlined above 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)).

The above Findings, Decision and Order are hereby issued this 28th day of October, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division