

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 03-23-04.

The IRO reviewed manual therapy, therapeutic exercises, therapeutic activities and level II office visits rendered from 12-16-03 through 01-19-04 that were denied based upon "U".

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

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 07-01-04, 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 95851 dates of service 12-16-03 and 12-31-03 (4 units) denied with code "G" (global). The carrier did not specify which code 95851 was global to. Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$143.12 ($\$28.62 \times 125\% = \35.78×4 units) is recommended.

CPT code 99212 dates of service 12-16-03 through 01-12-04 (6 DOS) denied with code "F" (fee reduction). Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of $\$37.78 \times 125\% = \47.23 for dates of service in 2003 and $\$39.19 \times 125\% = \48.99 for dates of service in 2004 is the MAR. However the requestor billed for \$47.23 for all dates of service disputed. Reimbursement in the amount of \$283.38 ($\47.23×6 DOS) is recommended.

CPT code 99213 dates of service 12-17-03, 12-31-03 and 01-02-04 denied with code "F" (fee reduction). Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$66.19 ($\$52.95 \times 125\%$) for the 2003 dates of service and $\$68.24$ ($\$54.59 \times 125\%$) for the 2004 dates of service is the MAR. However, the requestor billed \$66.19 for all dates of service in dispute. Reimbursement in the amount of \$198.57 ($\66.19×3 DOS) is recommended.

Review of CPT code 99212 dates of service 12-22-03, 12-24-03 and 12-29-03 revealed the requestor nor respondent submitted copies of EOB's. Per Rule 133.308(f)(2)(3) the requestor submitted convincing evidence of carrier receipt of the resubmission request for reconsideration via certified mail. Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$141.69 ($\$37.78 \times 125\% = \$47.23 \times 3 \text{ DOS}$) is recommended.

CPT code 95833 dates of service 12-11-03 and 01-14-04 denied with code "G" (global). The carrier did not specify which code 95833 was global to. Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$52.13 ($\$41.70 \times 125\%$) for the 2003 date of service and \$44.99 ($35.99 \times 125\%$) for the 2004 date of service is the MAR. The requestor billed \$52.14 for both dates of service. Reimbursement in the amount of \$97.12 ($\$52.13 \text{ and } \44.99) is recommended.

Review of CPT code 97140 dates of service 12-24-03, 12-26-03 and 12-29-03 revealed the requestor nor respondent submitted copies of EOB's. Per Rule 133.308(f)(2)(3) the requestor submitted convincing evidence of carrier receipt of the resubmission request for reconsideration via certified mail. Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$102.15 ($\$27.24 \times 125\% = \34.05) is recommended.

Review of CPT code 97110 for dates of service 12-24-03, 12-26-03 and 12-29-03 revealed the requestor nor respondent submitted copies of EOB's. Per Rule 133.308(f)(2)(3) the requestor submitted convincing evidence of carrier receipt of the resubmission request for reconsideration via certified mail. 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.

Review of CPT code 97012 dates of service 12-24-03, 12-26-03 and 12-29-03 revealed the requestor nor respondent submitted copies of EOB's. Per Rule 133.308(f)(2)(3) the requestor submitted convincing evidence of carrier receipt of the resubmission request for reconsideration via certified mail. Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$18.90 ($\$15.12 \times 125\%$) is the MAR. However, the requestor billed \$17.15 for each date of service. Reimbursement in the amount of \$51.45 ($\$17.15 \times 3 \text{ DOS}$) is recommended.

Review of CPT code 99213 date of service 12-26-03 revealed the requestor nor respondent submitted copies of EOB's. Per Rule 133.308(f)(2)(3) the requestor submitted convincing evidence of carrier receipt of the resubmission request for reconsideration via certified mail. Reimbursement is recommended per the Medicare program reimbursement methodologies per Commission Rule 134.202(c). Reimbursement in the amount of \$66.19 (\$52.95 X 125%) is the MAR. However, the requestor billed \$34.05 and reimbursement is therefore recommended in the amount of \$34.05.

CPT code 99080-73 date of service 01-08-04 denied with denial code "F"(fee reduction). Reimbursement in the amount of \$15.00 is recommended.

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 12-16-03 through 01-14-04 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 Findings and Decision and Order are hereby issued this 28th day of October 2004.

Medical Dispute Resolution Officer
Medical Review Division

IRO decision –Partial ruling, parties settled dispute on or about 1/24/05.



TEXAS
WORKERS' COMPENSATION COMMISSION
75571 METRO CENTER DRIVE, SUITE 100, MS-48, AUSTIN, TEXAS 78744-7551
(512) 804-4800

MEMORANDUM

DATE: / / **2004**

TO: **Austin Commission Representative, Box 54**

CARRIER: **Texas Mutual Insurance Company**

FROM: **Medical Review Division**

RE: **NOTICE of Independent Review Organization and Medical Dispute Resolution
DECISION & ORDER**

This memorandum shall serve as your notice to present yourself to the Mail Room Service Counter:

(X) An IRO and MDR Decision & Order.

The above referenced document has been issued in a medical dispute case review pertaining to the following claimant and insurance carrier:

IDENTIFIER

MDR TRACKING #: M5-04-2262-01
TWCC FILE #: X2705786
CLAIMANT: Buna E. Baker
DOI: 11-18-2003
SSN: 462-37-1623
SERVICE FROM: 12-16-03
SERVICE TO: 01-19-04

I, the undersigned Representative of the above referenced insurance carrier, do hereby acknowledge receipt of the IRO and MDR Decision & Order applicable to a medical dispute resolution request solicited by the requestor.

Receipt of this Decision & Order is hereby acknowledged this _____ day of _____ 2004.

Signature of Commission Representative: _____

Printed Name of Commission Representative: _____