

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 03-24-04.

An updated table of disputed services was received from the Requestor on 04-14-04 and will be used for this review.

I. DISPUTE

Whether there should be additional reimbursement for CPT codes 97750-FC, 97545-WH, 97546-WH and reimbursement for codes 97110, 97140-59, 98940, 99213, 97750 and 99199 on dates of service 08-19-03 through 12-02-03.

II. FINDINGS

The medical necessity issues were withdrawn on 04-14-04 by the Requestor. On 04-29-04 Per Rule 133.307(g)(3), a Notice was submitted to 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 97750-FC (8 units) date of service 08-19-03 was denied with denial code "F/Z560" (the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix). The carrier has made a payment of \$256.24. Per Rule 134.202(c)(1) reimbursement is \$295.52 ($\$29.55 \times 125\% = \36.94×8 units). Additional reimbursement is recommended in the amount of **\$39.28 (\$295.52 minus carrier payment of \$256.24)**.

CPT code 97545-WH date of service 09-02-03 denied with denial code "F/Z560" (the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix). The carrier has made a payment of \$64.00. Per Rule 134.202(5)(A)(ii) reimbursement shall be 80% of the MAR for a non-CARF accredited program. Additional reimbursement is recommended in the amount of **\$38.40 (MAR of \$102.40 billed minus carrier payment of \$64.00)**.

CPT code 97546-WH (17 units) dates of service 09-02-03, 09-04-03 and 09-09-03 denied with denial code "F/Z560" (the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix). The carrier has made a payment of \$356.80. Per Rule 134.202(5)(A)(ii) reimbursement shall be 80% of the MAR for a non-CARF accredited program. Additional reimbursement is recommended in the amount of **\$513.60 (MAR of \$870.40 billed minus carrier payment of \$356.80)**.

CPT code 97750-FC (12 units) date of service 09-16-03 denied with denial code F/Z560” (the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix). The carrier has made a payment of \$384.36. Per Rule 134.202(c)(1) reimbursement is \$443.28 ($\$29.55 \times 125\% = \36.94×12 units). Additional reimbursement is recommended in the amount of **\$58.92 (\$443.28 minus carrier payment of \$384.36)**.

CPT code 97110 dates of service 10-09-03, 11-19-03 and 11-21-03 denied with denial code “R/X206” (the service(s) is for a condition which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support the relatedness of services rendered to the work related injury). A Benefit Contested Case Hearing held on 06-13-03 resulted in the decision that the compensable injury of ___ does extend to and include an injury to the thoracic spine and left shoulder, however, 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. No reimbursement is recommended.

CPT code 97140-59 date of service 10-09-03 denied with denial code “R/X206” (the service(s) is for a condition which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support the relatedness of services rendered to the work related injury). A Benefit Contested Case Hearing held on 06-13-03 resulted in the decision that the compensable injury of ___ does extend to and include an injury to the thoracic spine and left shoulder. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$34.05 (\$27.24 X 125%)**.

CPT code 98940 date of service 10-09-03 denied with denial code “R/X206” (the service(s) is for a condition which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support the relatedness of services rendered to the work related injury). A Benefit Contested Case Hearing held on 06-13-03 resulted in the decision that the compensable injury of ___ does extend to and include an injury to the thoracic spine and left shoulder. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$33.08 (\$26.46 X 125%)**.

CPT code 99213 date of service 10-09-03 denied with denial code “R/X206” (the service(s) is for a condition which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support the relatedness of services rendered to the work related injury). A Benefit Contested Case Hearing held on 06-13-03 resulted in the decision that the compensable injury of ___ does extend to and include an injury to the thoracic spine and left shoulder. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$66.19 (\$52.95 X 125%)**.

CPT code 97750 date of service 11-19-03 denied with denial code "R/X206" (the service(s) is for a condition which is not related to the covered work related injury. For reconsideration of charges, please submit documentation to support the relatedness of services rendered to the work related injury). A Benefit Contested Case Hearing held on 06-13-03 resulted in the decision that the compensable injury of ___ does extend to and include an injury to the thoracic spine and left shoulder. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$36.94 (\$29.55 X 125%)**.

CPT code 99199 date of service 12-02-03 denied with denial code "N/X322" (documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge). The requestor submitted documentation, however, documentation did not include a copy of pertinent medical records per Rule 133.307(g)(3)(B). No reimbursement recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 97110 on 10-09-03, 11-19-03 and 11-21-03 as well as CPT code 99199 on 12-02-03. The Division has determined that the requestor **is** entitled to additional reimbursement for CPT codes 97750-FC on 08-19-03 and 09-16-03, code 97545-WH on 09-02-03, code 97546-WH on 09-02-03, 09-04-03 and 09-09-03 and reimbursement for code 97140-59 on 10-09-03, code 98940 on 10-09-03, code 99213 on 10-09-03 and code 97750 on 11-19-03.

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 for dates of service 08-19-03 through 11-19-03 totaling \$820.46 in accordance with the Medicare program reimbursement methodologies effective 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 Findings and Decision and Order are hereby issued this 5th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division