

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 08-21-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110, 97122, 97250, 97265, 99213-MP, 99080-73 and 99080-C for dates of service 10-18-02 through 11-20-02.

II. FINDINGS

The medical necessity issues were withdrawn on 08-02-04. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 08-03-04 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

Review of CPT code 97110 date of service 10-18-02 revealed neither the requestor nor respondent submitted proof of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. 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 97122 dates of service 10-18-02 and 10-25-02 revealed neither the requestor nor respondent submitted proof of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) in the amount of \$70.00 (\$35.00 X 2 DOS).

Review of CPT code 97250 dates of service 10-18-02 and 10-25-02 revealed neither the requestor nor respondent submitted proof of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(c) in the amount of \$86.00 (\$43.00 X 2 DOS).

Review of CPT code 97265 dates of service 10-18-02 and 10-25-02 revealed neither the requestor nor respondent submitted proof of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(c) in the amount of \$86.00 (\$43.00 X 2 DOS).

Review of CPT code 99213-MP dates of service 10-18-02 and 10-25-02 revealed neither the requestor nor respondent submitted proof of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is recommended per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) in the amount of \$96.00 (\$48.00 X 2 DOS).

Review of CPT code 99080-73 date of service 10-31-02 revealed neither the requestor nor respondent submitted proof of an EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of reconsideration submission. Reimbursement is recommended per Rule 129.5 in the amount of \$15.00.

CPT code 99080-C date of service 11-20-02 listed on the table of disputed services was denied as “V” (unnecessary medical with peer review) on the reconsideration EOB. The medical necessity issues were withdrawn so this service is not reviewed by the Medical Review Division.

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 97122, 97250, 97265, 99213-MP and 99080-73. The requestor **is not** entitled to reimbursement for CPT code 97110.

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) 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 10-18-02, 10-25-02 and 10-31-02 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)).

MDR Tracking #: M5-04-2554-01

The above Findings and Decision and Order are hereby issued this 4th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh