

MDR Tracking Number: M5-04-2665-01

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 9-26-02.

I. DISPUTE

Whether there should be reimbursement for CPT codes, 97750, E0745, 99071, A4630, 99070, 76536, 99273, 76800, 97110, 99080, 97545WH, 97546WH, 95900, 95904, 99242, 99090, 99199, A4215, A4556, 99213MP, rendered from 10-3-01 through 5-8-02.

II. FINDINGS

On 4-11-03, Hearing Officer, David Paul Weston, ordered the insurance carrier to pay medical benefits for the 3-2-01 compensable injury that included the cervical spine.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-3-01	97750 (11)	\$55.00 X 11 X (\$605.00)	\$0.00	E	\$100.00/hr for FCE \$43.00 / body area for muscle testing \$43.00 / 15 minute for PPE	Medicine GR (I)(E)(2)(a) CPT Code Descriptor	MGR (I)(E)(2)(b) identifies the components of an FCE and limits the number of tests allowed and the MARs. The requestor did not identify the components of the PPE that differentiate it from an FCE. The MAR billed was greater than the MAR for a primary FCE. The service billed is a timed procedure and a report to support time was not submitted. The requestor failed to support that a PPE was performed instead of an FCE; therefore, MDR is unable to determine appropriate reimbursement.
1-16-02	97750FC	\$300.00	\$0.00	E	\$100.00/hr for FCE \$43.00 / body area for muscle testing \$43.00 / 15	Medicine GR (I)(E)(2)(a) CPT Code Descriptor	As stated above, MAR reimbursement is established in MGR. The requestor notes in the Summary that "The testing that Mr. Arredondo participated in is quite rigorous and takes 4 hours to

					minute for PPE		complete.” However, the requestor does not note a start and end time which is required by MGR. The maximum MAR for a secondary FCE is \$200.00. \$200.00 reimbursement is recommended.
10-4-01	E0745	\$495.00	\$0.00	E	DOP	General Instructions GR (III)(IV)	DOP requirements were not met to support reimbursement per MFG.
10-4-01	99071	\$20.00	\$0.00	E	DOP		
10-4-01	A4630	\$25.00	\$0.00	E	DOP		
10-4-01	99070	\$35.00	\$0.00	E	DOP		
10-4-01	99070	\$10.00	\$0.00	E	DOP		
10-12-01 11-30-01	76536 (2)	\$124.00 x 2 = \$248.00	\$0.00	E	\$124.00	CPT Code Descriptor	Echography of soft tissues of head and neck. MAR reimbursement of \$248.00 X 2 dates = \$496.00 is recommended.
10-12-01 11-30-01	99273	\$84.00	\$0.00	E	\$84.00	Evaluation & Management GR (IX)(A)(B)	The E/M GR requires a report that documents the need for the consultation. The requestor failed to comply with statute, no reimbursement is recommended.
11-30-01	76800	\$188.00	\$0.00	E	\$188.00		Echography of spinal canal and contents. MAR reimbursement of \$188.00 is recommended.
10-19-01	97110 (8)	\$280.00	\$0.00	E	\$35.00 / 15 min X 8 = \$280.00	Medicine GR (I)(A)(9)(b)	See rationale below.
10-19-01 11-13-01 11-21-01	99080	\$50.00	\$0.00	E	See Rules	Rule 129.5(d) Rule 133.106(f)	A report to determine if it's a required report or a narrative report to determine reimbursement per statute was not submitted; therefore, MDR cannot determine appropriate reimbursement for report.

10-22-01	97545WH	\$140.00	\$0.00	E	\$51.20 /hr X 2 = \$102.40	Medicine GR (II)(C)(E)	MAR reimbursement of \$102.40 X 39 dates = \$3,993.60 is recommended.
10-23-01							
10-24-01							
10-25-01							
10-26-01							
10-29-01							
10-30-01							
10-31-01							
11-1-01							
11-2-01							
11-5-01							
11-6-01							
11-7-01							
11-8-01							
11-9-01							
11-12-01							
11-13-01							
11-14-01							
11-15-01							
11-16-01							
11-19-01							
11-20-01							
11-21-01							
11-23-01							
11-26-01							
11-27-01							
11-28-01							
11-29-01							
11-30-01							
12-3-01							
12-4-01							
12-5-01							
12-6-01							
12-7-01							
12-10-01							
12-11-01							
12-12-01							
12-13-01							
12-14-01							

10-22-01	97546WH (6)	\$420.00	\$0.00	E	\$51.20 /hr X 6 = \$307.20	Medicine GR (II)(C)(E)	MAR reimbursement of \$307.20 X 38 dates = \$11,673.60 is recommended.
10-23-01							
10-24-01							
10-25-01							
10-26-01							
10-29-01							
10-30-01							
10-31-01							
11-1-01							
11-2-01							
11-5-01							
11-6-01							
11-7-01							
11-8-01							
11-9-01							
11-12-01							
11-13-01							
11-14-01							
11-15-01							
11-16-01							
11-19-01							
11-20-01							
11-21-01							
11-23-01							
11-26-01							
11-27-01							
11-28-01							
11-29-01							
11-30-01							
12-3-01							
12-4-01							
12-5-01							
12-6-01							
12-7-01							
12-10-01							
12-12-01							
12-13-01							
12-14-01							
12-11-01	97546WH (4)	\$280.00	\$0.00	E	\$51.20 /hr	Medicine GR (II)(C)(E)	MAR reimbursement of \$204.80 is recommended.
11-8-01	95900(4)	\$256.00	\$0.00	E	\$64.00 / nerve	Medicine GR (IV)(D)	MAR reimbursement of \$256.00 is recommended.
11-8-01	95904(5)	\$320.00	\$0.00	E	\$64.00 / nerve		MAR reimbursement of \$320.00 is recommended.
11-8-01	99242	\$90.00	\$0.00	E	\$90.00	Evaluation & Management GR (IX)(A)(B)	On this date, the claimant underwent 8 hours of work hardening, nerve conduction studies and consultation. E/M GR states that, "The request and the need for a consultation shall be documented in the patient's medical record." The requestor failed to comply with statute; therefore, reimbursement is not recommended.

11-8-01	99090	\$108.00	\$0.00	E	\$108.00	CPT Code Descriptor	Analysis of information data stored in computers. MAR reimbursement of \$108.00 is recommended.
11-8-01	99199	\$50.00	\$0.00	E	DOP	General Instructions GR (III)	DOP requirements were not met to support reimbursement per MFG.
11-8-01	A4215	\$25.00	\$0.00	E	DOP		
11-8-01	A4556	\$55.00	\$0.00	E	DOP		
12-21-01 1-11-02 1-15-02 1-18-02 1-21-02 1-24-02 1-29-02 2-1-02 2-4-02 2-8-02 2-13-02 2-20-02 2-27-02 3-7-02 3-14-02 3-21-02 3-28-02 5-2-02 5-8-02	99213MP	\$48.00	\$0.00	E	\$48.00	Medicine GR (I)(B)(1)(b)	MAR reimbursement of \$48.00 X 19 dates = \$912.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$18352.00.

Rationale for 97110:

Recent review of disputes involving one-on-one 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 therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended.

IV. DECISION & ORDER

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, 97750, 76536, 76800, 97110, 97545WH, 97546WH, 95900, 95904, 99090, and 99213MP, in the amount of **\$18,352.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$18,352.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Hilda H. Baker, Manager
Medical Dispute Resolution
Medical Review Division