

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 05-05-04.

### **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99070, 99372, 95925, 95904, 95900, 95935, 97110, 97139, 72070, 99213, 97140, 99080-73, 99080, 97112, 72110, 72040, 64550, 99215, 99212 and HCPCS codes E0745, E1399, E0210 and E0215 for dates of service 05-06-03 through 03-19-04.

### **II. FINDINGS**

The medical necessity issues for dates of service 05-06-03, 05-12-03 and 05-14-03 were withdrawn on 06-28-04 by Betty Williams from Texas Back Care/Accident & Injury Center. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 06-28-04 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**

CPT code 99070 date of service 05-06-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs-with same or similar services-showing amount billed is fair and reasonable) was not submitted nor was documentation submitted by the requestor to confirm that the service was their usual and customary and to support delivery of service. No reimbursement is recommended.

HCPCS code E0745 date of service 05-14-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). HCPCS codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs-with same or similar services-showing amount billed is fair and reasonable) was not submitted nor was documentation submitted by the requestor to confirm that the service was their usual and customary and to support delivery of service. No reimbursement is recommended.

CPT code 99372 date of service 05-21-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$21.00.

CPT code 95925 date of service 05-27-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$52.50 (MAR of \$175.00 minus carrier payment of \$122.50).

CPT code 95904 (2 units) date of service 05-27-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$38.40 (\$128.00 minus carrier payment of \$89.60).

CPT code 95900 (4 units) date of service 05-27-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$76.80 (\$256.00 billed minus carrier payment of \$179.20).

CPT code 95935 (2 units) date of service 05-27-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$31.80 (\$106.00 billed minus carrier payment of \$74.20).

CPT code 99372 dates of service 06-25-03 through 03-03-04 (4 DOS) denied with denial code "N" (denied for documentation to establish medical necessity). The requestor did not provide documentation for review. No reimbursement recommended.

HCPCS code E1399 date of service 07-16-03 denied with denial code "N" (unlisted procedure, descriptive code or documentation needed). The requestor did not provide documentation for review. No reimbursement recommended.

CPT code 97110 dates of service 07-28-03 through 03-10-04 (10 DOS) denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). 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 97139 date of service 07-28-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement is per the 96 Medical Fee Guideline in the amount of \$39.50 (\$75.00 billed minus carrier payment of \$37.50).

HCPCS code E0210 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). HCPCS codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs- with same or similar services-showing amount billed is fair and reasonable) was not submitted nor was documentation submitted by the requestor to confirm that the service was their usual and customary and to support delivery of service. No reimbursement is recommended.

CPT code 72070 (2 units) date of service 08-12-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$8.84 (MAR \$35.34 X 125% = \$44.18 X 2 units = \$88.36 minus carrier payment of \$79.52).

CPT code 99213 dates of service 08-12-03 through 03-19-04 (9 DOS) denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$102.40 (MAR is \$50.25 X 125% = \$62.81 X 9 DOS = \$565.29 minus carrier payment of \$462.89).

CPT code 97140 dates of service 08-12-03 through 10-01-03 (5 DOS) (9 units) and 01-20-04 through 03-19-04 (8 DOS) (17 units) denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended for dates of service 08-12-03 through 10-01-03 in the amount of \$58.55 (MAR is \$26.04 X 125% = \$32.55 X 9 units billed = \$292.95 minus carrier payment of \$234.40) and additional reimbursement recommended for dates of service 01-20-04 through 03-19-04 in the amount of \$55.53 (MAR is \$26.32 X 125% = \$32.90 X 17 units billed = \$559.30 minus carrier payment of \$503.77).

CPT code 97112 dates of service 08-12-03 through 10-01-03 (4 DOS) (5 units) and 01-20-04 through 03-19-04 (8 DOS) (8 units) denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended for dates of service 08-12-03 through 10-01-03 in the amount of \$17.60 (\$35.25 X 5 units billed = \$176.25 minus carrier payment of \$158.65). The MAR is \$28.21 X 125% = \$35.26 however respondent billed \$35.25 per unit. Additional reimbursement for dates of service 01-20-04 through 03-19-04 is recommended in the amount of \$28.48 (MAR is \$28.53 X 125% = \$35.66 X 8 units billed = \$285.28 minus carrier payment of \$256.80).

CPT code 72110 date of service 08-12-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$6.31 (MAR is \$50.46 X 125% = \$63.08 minus carrier payment of \$56.77).

CPT code 72040 (2 units) date of service 08-12-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$8.39 (MAR is  $\$33.54 \times 125\% = \$41.93 \times 2$  units billed = \$83.86 minus carrier payment of \$75.47).

HCPCS code E0210 date of service 09-16-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). HCPCS codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs-with same or similar services-showing amount billed is fair and reasonable) was not submitted nor was documentation submitted by the requestor to confirm that the service was their usual and customary and to support delivery of service. No reimbursement is recommended.

CPT code 99372 dates of service 10-22-03 through 11-25-03 (4 DOS) denied with denial code "G" (bundled procedure). Per Rule 134.202(a)(4) the carrier did not specify which service this was global to, therefore it is reviewed according to the Medical Fee Guideline effective 08-01-03. Reimbursement is recommended in the amount of \$148.40 ( $\$37.10 \times 4$  DOS).

CPT code 99070 date of service 10-22-03 denied with denial code "G" (bundled procedure). Per Rule 134.202(a)(4) the carrier did not specify which service this was global to, therefore it is reviewed according to the Medical Fee Guideline effective 08-01-03. Additional reimbursement is recommended in the amount of \$4.50 ( $\$30.00$  billed minus carrier payment of \$25.50).

CPT code 99213 date of service 11-05-03 denied with denial code "G" (bundled procedure). Per Rule 134.202(a)(4) the carrier did not specify which service this was global to, therefore it is reviewed according to the Medical Fee Guideline effective 08-01-03. Additional reimbursement is recommended in the amount of \$4.22 ( $\$50.25 \times 125\% = \$62.81$  billed minus carrier payment of \$58.59).

CPT code 64550 (2 units) date of service 11-05-03 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$22.01 (MAR is  $\$27.09 \times 125\% = \$33.86 \times 2$  units = \$67.72 minus carrier payment of \$45.71).

CPT code 64450 (1 unit) date of service 03-04-04 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$2.26 (MAR is  $\$18.08 \times 125\% = \$22.60$  minus carrier payment of \$20.34).

CPT code 99215 date of service 02-10-04 denied with denial code "F" (charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement per the Medical Fee Guideline effective 08-01-03 is recommended in the amount of \$14.77 (MAR is  $\$118.14 \times 125\% = \$147.68$  minus carrier payment of \$132.91).

CPT code 99080-73 date of service 02-11-04 denied with denial code “F” (charge for procedure exceeds fee schedule or usual and customary allowance). Reimbursement in the amount of \$15.00 is recommended per Rule 133.106(f).

CPT code 99080 date of service 03-04-04 denied with denial code “F” (charge for procedure exceeds fee schedule or usual and customary allowance). Reimbursement in the amount of \$50.00 is recommended per the Medical Fee Guideline effective 08-01-03.

HCPCS code E0215 date of service 03-10-04 denied with denial code “F” charge for procedure exceeds fee schedule or usual and customary allowance). HCPCS codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. Relevant information (i.e. redacted EOBs-with same or similar services-showing amount billed is fair and reasonable) was not submitted nor was documentation submitted by the requestor to confirm that the service was their usual and customary and to support delivery of service. No reimbursement is recommended.

CPT code 99212 date of service 03-16-04 denied with denial code “F” charge for procedure exceeds fee schedule or usual and customary allowance). Additional reimbursement in the amount of \$4.66 is recommended ( $\text{MAR } \$37.32 \times 125\% = \$46.65$  minus carrier payment of \$41.99).

#### **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 the CPT codes and HCPCS codes listed under the column titled “I. DISPUTE” with the **exception** of HCPCS code E1399, E0745, E0210, E0215, CPT code 99070 (date of service 05-06-03), CPT code 97110 and CPT code 99372 (dates of service 06-25-03 and 03-03-04).

#### **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 in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies effective 08-01-03, 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 05-21-03 through 03-19-04 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)).

MDR Tracking #: M5-04-2936-01

The above Findings and Decision and Order are hereby issued this 16<sup>th</sup> day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh