

MDR Tracking Number: M5-04-3245-01 (Previously M5-03-3331-01)

This AMENDED FINDINGS AND DECISION supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's decision of 5/6/04 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 5/25/04 issued by David R. Martinez, Manager of Medical Dispute Resolution. A copy of the Withdrawal is reflected in Exhibit 1 of the Commission's case file.

The Medical Review Division rendered a Findings and Decision involving a medical payment dispute predicated by the carrier denying payment of physical therapy based upon the 1996 Medical Fee Guideline. The Medical Review Division's Decision of 5/6/04 was issued based upon a finding that medical records were not submitted by the requestor which resulted in an Order not being issued for the respondent to pay for the health care costs associated with the disputed nutritional supplements. After completion of the Decision it was discovered the medical records had not been properly requested as required per Rule 133.307(g)(3). The withdrawal of 5/25/04 was issued and the records properly requested.

The requestor appealed this Decision and Order to an Administrative Hearing, resulting in the issuance of this Amended Finding, Decision and Order.

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 8/20/03.

## **I. DISPUTE**

Whether there should be additional reimbursement for 97265, 97250, 97122, 97110, L3800, 95851, A4558, 99213, 73221-27-22, 99214, 97750 and 97750-MT, dated from 1/14/03 through 3/6/03, denied or reduced on the basis of "F" – per Medical Fee Guideline and "H" – reimbursement is based upon half of the fee amount pending decision of audit or review.

## **II. FINDINGS**

The service dated 3/6/03 – 97750-MT was denied by the carrier on the basis of "R" – not related to the compensable injury. The respondent was disputing the compensability of injuries to the right elbow and right shoulder. At a Contested Case Hearing, dated 6/19/03, the Commission found that the right elbow and right shoulder were compensable injuries. Therefore, this service will be reviewed per the Medical Fee Guideline.

### III. RATIONALE

| DOS     | CPT CODE | Billed | Paid  | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference                               | Rationale  |
|---------|----------|--------|-------|-----------------|---|---|--|
| 1/14/03 | 97265    | 43.00  | 21.50 | H               | 43.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been re-reviewed by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$21.50 is recommended.  |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual |

| DOS     | CPT CODE | Billed | Paid  | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference                                       | Rationale   |
|---------|----------|--------|-------|-----------------|---|---|---|
|         |          |        |       |                 |   |   | instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.  |
|         | L3800    | 49.00  | 24.50 | H               | 49.00                                   | Section 408.021 (a)(1-3)                        | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been re-reviewed by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.50 is recommended. |
|         | 95851    | 108.00 | 54.00 | F               | 108.00                                  | Section 408.021 (a)(1-3)                        | The carrier paid half of the MAR; reducing the payment per the fee guideline. The CPT code allows \$43.00 reimbursement for this service. Additional reimbursement of \$54.00 is recommended.   |
|         | A4558    | 18.00  | 0.00  | F               | 18.00                                   | Medical Fee Guideline General Instructions (VI) | The carrier denied payment of this medical supply per the Medical Fee Guideline. Per the MFG there is no MAR for this supply. The cost is established per fair and reasonable. The carrier did not refute the requestor's estimate of the cost of this supply. On this basis, reimbursement of \$18.00 is recommended.  |
| 1/21/03 | 97265    | 43.00  | 21.50 | H               | 43.00                                   | Section 408.021 (a)(1-3)                        | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been re-reviewed by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$21.50 is recommended. |

| DOS | CPT CODE | Billed | Paid  | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference                               | Rationale   |
|-----|----------|--------|-------|-----------------|---|---|---|
|     | 97250    | 43.00  | 21.50 | F               | 43.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR; reducing the payment per the fee guideline. The CPT code allows \$43.00 reimbursement for this service. Additional reimbursement of \$21.50 is recommended.   |
|     | 97122    | 35.00  | 17.50 | H               | 35.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been re-reviewed by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$17.50 is recommended.   |
|     | 97110    | 175.00 | 0.00  | H               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |

| <b>DOS</b> | <b>CPT CODE</b> | <b>Billed</b> | <b>Paid</b> | <b>EOB Denial Code</b> | <b>MAR\$ (Maximum Allowable Reimbursement)</b> | <b>Reference</b>                        | <b>Rationale</b>  |
|------------|-----------------|---------------|-------------|------------------------|--|---|---|
| 1/23/03    | 99213           | 48.00         | 24.00       | H                      | 48.00  | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$21.50 is recommended.  |
|            | 97265           | 43.00         | 21.50       | H                      | 43.00  | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.  |
|            | 97250           | 43.00         | 21.50       | H                      | 43.00  | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.  |
|            | 97122           | 35.00         | 17.50       | H                      | 35.00  | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.  |
|            | 97110           | 175.00        | 0.00        | F                      | 175.00   | Section 413.016 of the Texas Labor Code | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not |

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|---------|----------|--------|-------|-----------------|---|---|--|
|         |          |        |       |                 |   |   | recommended for CPT code 97110.  |
| 1/27/03 | 99213    | 48.00  | 24.00 | H               | 48.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.00 is recommended.   |
|         | 97265    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual |

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|---------|----------|--------|-------|-----------------|---|---|--|
|         |          |        |       |                 |   |   | instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.   |
| 1/28/03 | 99213    | 48.00  | 24.00 | H               | 48.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.00 is recommended.   |
|         | 97265    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group |

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|---------|----------|--------|-------|-----------------|---|---|--|
|         |          |        |       |                 |   |   | therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.   |
| 1/29/03 | 99213    | 48.00  | 24.00 | H               | 48.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.00 is recommended.   |
|         | 97265    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes |

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|         |             |        |       |                 |   |   | did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110.   |
|         | 95851       | 108.00 | 54.00 | H               | 108.00                                  | See above.                              | See above. Additional reimbursement of \$54.00 is recommended.   |
|         | 73221-27-22 | 756.00 | 0.00  | N               | 756.00                                  | Section 408.021 (a)(1-3)                | Denied as not documented. The requestor submitted medical documentation supporting delivery of service as billed. Reimbursement of \$756.00 is recommended.  |
|         | 73221-27-22 | 756.00 | 0.00  | N               | 756.00                                  | See above.                              | See above. Reimbursement of \$756.00 is recommended.   |
|         | 73221-27-22 | 756.00 | 0.00  | N               | 756.00                                  | See above.                              | See above. Reimbursement of \$756.00 is recommended.   |
| 1/30/03 | 99213       | 48.00  | 24.00 | H               | 48.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.00 is recommended. |
|         | 97265       | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97250       | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97122       | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|         | 97110       | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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   |

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|--------|----------|--------|-------|-----------------|---|---|--|
|        |          |        |       |                 |   |   | 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 SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |
| 2/3/03 | 99213    | 48.00  | 24.00 | H               | 48.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.00 is recommended.   |
|        | 97265    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|        | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|        | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|        | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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   |

| DOS    | CPT CODE | Billed | Paid  | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference                               | Rationale  |
|--------|----------|--------|-------|-----------------|---|---|--|
|        |          |        |       |                 |   |   | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |
| 2/4/03 | 99213    | 48.00  | 24.00 | H               | 48.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$24.00 is recommended.   |
|        | 97265    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|        | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|        | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|        | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from  |

| DOS     | CPT CODE | Billed | Paid  | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference                               | Rationale   |
|---------|----------|--------|-------|-----------------|---|---|---|
|         |          |        |       |                 |   |   | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |
| 2/10/03 | 97265    | 43.00  | 21.50 | H               | 43.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$21.50 is recommended.  |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.  |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.  |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State   |

| DOS     | CPT CODE | Billed | Paid  | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference                               | Rationale   |
|---------|----------|--------|-------|-----------------|---|---|---|
|         |          |        |       |                 |   |   | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |
| 2/11/03 | 97265    | 43.00  | 21.50 | H               | 43.00                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$21.50 is recommended.  |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.  |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.  |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | 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  |

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|---------|----------|--------|-------|-----------------|---|---|--|
|         |          |        |       |                 |   |   | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |
| 2/12/03 | 99214    | 71.00  | 35.50 | H               | 35.50                                   | Section 408.021 (a)(1-3)                | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been reviewed again by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$35.50 is recommended.   |
|         | 97265    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97250    | 43.00  | 21.50 | H               | 43.00                                   | See above.                              | See above. Additional reimbursement of \$21.50 is recommended.   |
|         | 97122    | 35.00  | 17.50 | H               | 35.00                                   | See above.                              | See above. Additional reimbursement of \$17.50 is recommended.   |
|         | 97110    | 175.00 | 0.00  | F               | 175.00                                  | Section 413.016 of the Texas Labor Code | Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from  |

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|---------|----------|--------|-------|-----------------|---|-----------------------------------|---|
|         |          |        |       |                 |   |                                   | 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The SOAP notes did not support the use of individual therapy vs. group therapy. The requestor offered no explanation of why individual instruction was necessary. On this basis, reimbursement is not recommended for CPT code 97110. |
|         | 97750    | 344.00 | 64.50 | G               | 344.00                                  | Medical Fee Guideline (I)(E)(2-3) | The requestor did not use a modifier when billing for this service. The Commission is unable to determine whether additional reimbursement is due. Additional reimbursement is not recommended.   |
| 2/13/03 | 95851    | 108.00 | 18.00 | H               | 90.00                                   | Section 408.021 (a)(1-3)          | The carrier paid half of the MAR while investigation continued. At CCH the dispute was resolved in the injured workers' favor. No additional EOBs were submitted supporting that the services had been re-reviewed by the carrier. As the compensability issue has been resolved in the injured worker's favor, additional reimbursement of \$90.00 is recommended.   |
| 3/6/03  | 97750-MT | 129.00 | 0.00  | R               | 129.00                                  | Section 408.021 (a)(1-3)          | Denied as not related to the compensable injury. At CCH the dispute was resolved in the injured workers' favor. No  |

| DOS   | CPT CODE | Billed     | Paid       | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference | Rationale   |
|-------|----------|------------|------------|-----------------|---|-----------|---|
|       |          |            |            |                 |   |           | additional EOBs were submitted supporting that the services had been re-reviewed by the carrier. As the compensability issue has been resolved in the injured worker's favor, reimbursement of \$129.00 is recommended. |
| TOTAL |          | \$7,091.00 | \$1,144.50 |                 | \$7,037.50                              |           | The requestor is entitled to reimbursement of \$3,564.50.   |

#### IV. AMENDED 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 97265, 97250, 97122, L3800, 95851, A4558, 99213, 73221-27-22 and 99214 of **\$3,564.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$3,564.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings, Decision & Order are hereby issued this 18<sup>th</sup> day of August 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

RL/nlb