

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, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 5-14-04.

A review by the Medical Review Division has determined the following:

1. The requestor seeks reimbursement for services rendered from 5-29-03 through 6-23-03.
2. Per Rule 133.308 (r)(1)(B), payment of the IRO fee is due prior to the IRO undertaking the review. An Order for Payment of IRO fee was issued on 8-31-03 and the requestor was ordered to remit the IRO fee within ten days. The requestor did not comply; therefore, as stated in the Order, failure to comply will result in immediate dismissal of this dispute.

The Medical Review Division dismissed the medical necessity portion of the medical dispute resolution request due to nonpayment of the IRO fee by the health care provider. Therefore, the file contains unresolved medical fee issues only.

Pursuant to Rule 133.308(s), if an unresolved fee dispute issue exists at the time the Division receives the IRO decision in a dispute, the Division shall then proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 7-23-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- The carrier has denied CPT Codes 97010, 97014 and 97035 for date of service 5-29-03 with an F. However, the carrier did not submit EOB's with respect to this code, and did not timely respond to the request for additional information. Since the carrier did not provide a valid basis for the denial of this service, **recommend reimbursement of CPT Code 97010 for \$11.00, CPT Code 97014 for \$15.00, and CPT Code 97035 for \$22.00. This is a total of \$48.00.**
- CPT Code 97110 for date of service 6-16-03 was billed by the requestor. However, the carrier did not submit EOB's with respect to this code, and did not timely respond to the request for additional information. 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. **Reimbursement not recommended.**

- CPT Code 97265 on date of service 6-16-03 was billed by the requestor and denied by the carrier. However, the carrier did not submit EOB's with respect to this code, and did not timely respond to the request for additional information. Since the carrier did not provide a valid basis for the denial of this service, **reimbursement is recommended in the amount of \$43.00.**

This Decision and Order is hereby issued this 4<sup>th</sup> day of October, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

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