

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 06-22-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213, 97110, 97112, 97140-59 and 97032 for dates of service 08-15-03 through 09-22-03.

II. FINDINGS

On 10-20-04 the requestor was advised via phone that the requestor failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed for dates of service 07-09-03 through 08-13-03 that were denied as "V" (medical necessity with peer review). Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 07-21-03 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 99213 (16 DOS) dates of service 08-15-03 through 09-22-03 denied with denial code "L" (not treating doctor). Per the TWCC-53 of 07-01-03 Dr. Binh Pham was the treating doctor. Reimbursement is per the Medical Fee Guideline effective 08-01-03. Reimbursement is recommended in the amount of \$1,059.04 ($\$52.95 \times 125\% = \$66.19 \times 16 \text{ DOS}$).

CPT code 97110 (16 DOS) dates of service 08-15-03 through 09-22-03 denied with denial code "L" (not treating doctor). Per the TWCC-53 of 07-01-03 Dr. Binh Pham was the treating doctor. 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 of all 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 is not recommended.

CPT code 97112 (12 DOS) dates of service 08-15-03 through 09-10-03 denied with denial code "L" (not treating doctor). Per the TWCC-53 of 07-01-03 Dr. Binh Pham was the treating doctor. Reimbursement is per the Medical Fee Guideline effective 08-01-03. Reimbursement is recommended in the amount of \$443.28 ($\$29.55 \times 125\% = \$36.94 \times 12 \text{ DOS}$).

CPT code 97140-59 (16 DOS) dates of service 08-15-03 through 09-22-03 denied with denial code "L" (not treating doctor). Per the TWCC-53 of 07-01-03 Dr. Binh Pham was the treating doctor. Reimbursement is per the Medical Fee Guideline effective 08-01-03. Reimbursement is recommended in the amount of \$544.80 ($\$27.24 \times 125\% = \$34.05 \times 16 \text{ DOS}$).

CPT code 97032 (16 DOS) dates of service 08-15-03 through 09-22-03 denied with denial code "L" (not treating doctor). Per the TWCC-53 of 07-01-03 Dr. Binh Pham was the treating doctor. Reimbursement is per the Medical Fee Guideline effective 08-01-03. Reimbursement is recommended in the amount of \$333.60 ($\$16.68 \times 125\% = \$20.85 \times 16 \text{ DOS}$).

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 99213, 97112, 97140-59 and 97032. The requestor **is not** entitled to reimbursement for CPT code 97110.

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 Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), 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 08-15-03 through 09-22-03 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)).

The above Findings and Decision and Order are hereby issued this 5th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh