

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 08-12-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97010, 64550-RR, 95851-RM, 95831-MT, 99070, 99213, 99213-59, 99212, 96536-26, 95925-26, 95904-26, 95900-26, 97140-59, 97110, 97112-59, 99358-22, 99372 and 99080 dates of service 02-20-04 through 07-06-04.

II. FINDINGS

Medical necessity issues were withdrawn on 01-24-05. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 01-27-05 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 97010 date of service 02-20-04 denied with denial code "G/284" (no allowance was recommended as this procedure indicates a status "B"). Code 97010 per the national coverage policy is a bundled code and considered an integral part of a therapeutic procedure(s). Payment is included in the allowance for another therapy service/procedure performed. No reimbursement is recommended.

CPT code 64550-RR date of service 02-20-04 denied with denial code "F/435" (the value of this procedure is included in the value of the comprehensive procedure). The carrier has made no payment. Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which code was the comprehensive code. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$22.60 (\$18.08 X 125%)**.

CPT code 95851-RM date of service 02-26-04 denied with denial code "F/435" (the value of this procedure is included in the value of the comprehensive procedure). The carrier has made no payment. Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which code was the comprehensive code. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$24.88 (\$19.90 X 125%)**.

CPT code 95831-MT date of service 02-26-04 denied with denial code "F/435" (the value of this procedure is included in the value of the comprehensive procedure). The carrier has made no payment. Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which code was the comprehensive code. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$29.10 (\$23.28 X 125%)**.

CPT code 99070 dates of service 03-01-04, 03-05-04, 03-17-04 and 04-16-04 (total billed \$260.00) denied with denial code "M/426" (reduced to fair and reasonable/reimbursed to fair and reasonable). The carrier has paid a total of \$136.03. Additional reimbursement is recommended per Rule 134.202(d)(2) in the amount of **\$123.97**.

Review of CPT code 99213 dates of service 03-03-04 and 04-30-04 revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$130.36 (\$52.14 X 125% = \$65.18 X 2 DOS)**.

CPT code 99213-59 dates of service 03-10-04 and 03-12-04 denied with denial code "G/220" (global/the provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery). Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which service 99213-59 was global to. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$130.36 (\$52.14 X 125% = \$65.18 X 2 DOS)**.

CPT code 99212 date of service 03-15-04 denied with denial code "G/220" (global/the provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery). Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which service 99213-59 was global to. Reimbursement is recommended per Rule 134.202(c)(1) in the amount of **\$46.65 (\$37.32 X 125%)**.

Review of CPT code 96536-26 date of service 03-25-04 revealed that neither party submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. However, CPT code 96536-26 is an invalid code per Rule 134.202(b) therefore, no reimbursement is recommended.

CPT code 95925-26 (1 unit) date of service 03-25-04 denied with denial code "Y/973" (payment denied as this modifier is incorrect or no longer valid). Per Rule 134.202(b) the code and modifier billed are valid. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$36.66 (\$29.33 X 125%)**.

CPT code 95904-26 (5 units) date of service 03-25-04 denied with denial code "Y/973" (payment denied as this modifier is incorrect or no longer valid). Per Rule 134.202(b) the code and modifier billed are valid. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$116.00 (\$18.56 X 125% = \$23.20 X 5 units)**.

CPT code 95900-26 (4 units) date of service 03-25-04 denied with denial code "Y/973" (payment denied as this modifier is incorrect or no longer valid). Per Rule 134.202(b) the code and modifier billed are valid. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$115.04 (\$23.01 X 125% = \$28.76 X 4 units)**.

CPT code 99213-59 date of service 03-26-04 denied with denial code "N/710" (charge is being disallowed as additional supporting documentation is required to clarify service/supply rendered). The requestor did not submit any documentation for review. No reimbursement is recommended.

CPT code 97140-59 date of service 03-26-04 denied with denial code "N/710" (charge is being disallowed as additional supporting documentation is required to clarify service/supply rendered). The requestor did not submit any documentation for review. No reimbursement is recommended.

CPT code 97110 date of service 03-26-04 denied with denial code "N/710" (charge is being disallowed as additional supporting documentation is required to clarify service/supply rendered) and date of service 04-30-04 revealed that neither party submitted a copy of an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. 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. Reimbursement not recommended.

CPT code 97112 date of service 03-26-04 denied with denial code "N/710" (charge is being disallowed as additional supporting documentation is required to clarify service/supply rendered). The requestor did not submit any documentation for review. No reimbursement is recommended.

Review of CPT code 99358-22 dates of service 03-30-04, 04-08-04 and 04-15-04 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Per Rule 134.202(d)(2) reimbursement is recommended in the amount of **\$252.00 (\$84.00 X 3 DOS)**.

CPT code 99372 date of service 03-31-04 denied with denial code "G/284" (global/no allowance was recommended as this procedure indicates a status "B"). Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which service 99372 was global to. Per Rule 133.307(e)(2)(A) the requestor did not provide a copy of the HCFA to verify billing. No reimbursement is recommended.

Review of CPT code 97140-59 (2 units) date of service 04-30-04 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$65.80 (\$26.32 X 125% = \$32.90 X 2 units)**.

Review of CPT code 97112-59 date of service 04-30-04 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$35.66 (\$28.53 X 125%)**.

CPT code 99358-22 date of service 05-19-04 denied with denial code "G/284" (global/no allowance was recommended as this procedure indicates a status "B"). Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which service 99358-22 was global to. Per Rule 134.202(d)(2) reimbursement is recommended in the amount of **\$84.00**.

CPT code 99080 date of service 07-06-04 denied with denial code "G/284" (global/no allowance was recommended as this procedure indicates a status "B"). Per Rule 133.304(c) and Rule 134.202(a)(4) the carrier did not specify which service 99080 was global to. Per Rule 134.202(d)(2) reimbursement is recommended in the amount of **\$250.00**.

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 64550-RR, 95851-RM, 95831-MT, 99070, 99213, 99213-59, 99212, 95925-26, 95904-26, 95900-26, 95938-33, 97140-59, 97112-59, 99358-22 and 99080 for dates of service 02-20-04 through 07-06-04. The Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 97010 date of service 02-20-04, 96536-26 date of service 03-25-04, codes 99213-59, 97140-59, 97110, 97112 date of service 03-26-04, code 97110 date of service 04-30-04 and code 99372 date of service 03-31-04.

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 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 02-20-04 through 07-06-04 in this dispute.

The above Findings and Decision and Order are hereby issued this 8th day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh