

MDR Tracking #: M5-04-4230-01

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 January 22, 2004.

## I. DISPUTE

Whether there should be reimbursement for CPT Codes 99204, 99214, 97139-SS, 97032, 99212, 97124, 97035, and 97110 for dates of service 08/21/03 through 09/18/03 denied as “F, TK – Rule 133.1 requires the submission legible support documentation, therefore, reimbursement is denied.” “Y, MU – Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day”, “Y, UL – An unlisted procedure or services requires identification and the amount charged substantiated ‘by-report’”, “Y, MZ – The usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time WAS NOT DOCUMENTED”, and “F, YF – Reduced or denied in accordance with the appropriate fee guidelines ground rule and/or maximum allowable reimbursement”.

The requestor withdrew CPT Code 97113, denied as “U – Unnecessary Medical Treatment” for dates of service 09/08/03, 09/09/03 and 09/11/03 as referenced by the electronic mail message received by the Requestor’s representative.

## II. RATIONALE

Requestor’s position statement, not dated, states in part, “...Texas Mutual has been very inconsistent in denying dates of service 8-25-03 through 9-19-03. They have used several ‘Rationales’, none of which are correct. At this time I would like to ask the Medical Dispute Officer assigned to this case to please carefully review the TWCC-62/EMOB forwarded by the Carrier. You can see on several days Texas Mutual pays for the CPT –Code 99212 on several days, and then denies it for “Y”, “MU” on the other days. The same is true for CPT –Codes 99214 and 97110... We have followed the Texas Worker’s Compensation Fee Guidelines and First Rio Valley Medical, P.A. is asking the medical dispute officer to rule in our favor and issue an order to pay for the above listed services...”

Respondent did not submit a position statement with their response.

- CPT Code 99204 for date of service 08/21/03 denied as “F, TK.” Per Commission Rule 133.307(g)(3)(B) the requestor did not submit office notes to support services were rendered as billed. Reimbursement is not recommended.

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- CPT Code 97139-SS (6 units, total) for dates of service 08/26/03 through 09/05/03. Dates of service 08/26/03 were denied as “F, TK” and date of service 09/05/03 was denied as “Y, UL”. Per Commission Rule 133.307(g)(3)(B) the requestor submitted legible office notes to support services were rendered as billed for dates of service 08/26/03 and 09/02/03 through 09/05/03. Office notes for 08/27/03 did not include CPT Code 97139-SS as one of the procedures used in the treatment of the injured worker. Per Commission Rule 134.202(b) and the 2003 Medicare Fee Schedule reimbursement in the amount of \$91.30 ( $\$14.61 \times 125\% = \$18.26 \times 5$  units) is recommended.
- CPT Code 97032 (6 units, total) for dates of service 08/26/03 through 09/05/03. Dates of service 08/26/03 through 09/04/03 were denied as “F, TK” and date of service 09/05/03 was denied as “Y, MU”. Per Commission Rule 133.307(g)(3)(B) the requestor submitted legible office notes to support services were rendered as billed for dates of service 08/26/03 through 09/05/03. Per Ingenix Encoder.Pro, CCI Edits the office visit is not global to the physical therapy performed on the same day. Per Commission Rule 134.202(b) and the 2003 Medicare Fee Schedule reimbursement in the amount of \$112.98 ( $\$15.06 \times 125\% = \$18.83 \times 6$  units) is recommended.
- CPT Code 99212 (8 units) for dates of service 08/26/03 through 09/18/03. Dates of service 08/26/03 through 09/04/03 were denied as “F, TK” and dates of service 09/11/03 and 09/11/03 were denied as “Y, MU” and dates of service 09/15/03 through 09/18/03 were denied as “F, YF”. Per Commission Rule 133.307(g)(3)(B) the requestor submitted legible office notes to support services were rendered as billed for dates of service 08/26/03 through 09/05/03. Per Ingenix Encoder.Pro CCI Edits the office visit is not global to the physical therapy performed on the same day. Per Commission Rule 134.202(b) and the 2003 Medicare Fee Schedule, which is the appropriate fee guideline, reimbursement in the amount of \$335.28 ( $\$33.53 \times 125\% = \$41.91 \times 8$  units) is recommended.
- CPT Code 97124 (24 units total) for dates of service 08/26/03 through 09/05/03. Dates of service 08/26/03 through 09/04/03 were denied as “F, TK” and date of service 09/05/03 was denied as “Y-MU”. Per Commission Rule 133.307(g)(3)(B) the requestor submitted legible office notes to support services were rendered as billed for dates of service 08/26/03 through 09/05/03. Per Ingenix Encoder.Pro CCI Edits massage therapy is not global to the office visit performed on the same day. Per Commission Rule 134.202(b) and the 2003 Medicare Fee Schedule reimbursement in the amount of \$616.80 ( $\$20.56 \times 125\% = \$25.70 \times 24$  units) is recommended.

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- CPT Code 97035 (6 units total) for dates of service 08/26/03 through 09/05/03. Dates of service 08/26/03 through 09/04/03 were denied as “F, TK” and date of service 09/05/03 was denied as “Y-MU”. Per Commission Rule 133.307(g)(3)(B) the requestor submitted legible office notes to support services were rendered as billed for dates of service 08/26/03 and 09/02/03 through 09/05/03. Per the rule referenced above, the ultrasound treatment for date of service 08/27/03 was not documented in the treatment notes; therefore, reimbursement is not recommended for this date of service. Per Ingenix Encoder.Pro CCI Edits ultra sound is not global to the office visit performed on the same day. Per Commission Rule 134.202(b) and the 2003 Medicare Fee Schedule reimbursement in the amount of \$71.05 ( $\$11.37 \times 125\% = \$14.21 \times 5$  units) is recommended.
- CPT Code 99214 for date of service 09/03/03 denied as “F, TK”. Per Commission Rule 133.307(g)(3)(B) the requestor submitted legible office notes to support services were rendered as billed. Per Commission Rule 134.202(b) and the 2003 Medicare Fee Schedule reimbursement in the amount of \$92.30 ( $\$73.84 \times 125\%$ ) is recommended.
- CPT Code 97110 for date of service 09/15/03 denied as “Y, MU”. Per Ingenix Encoder.Pro CCI Edits ultra sound is not global to the office visit performed on the same day. Per Commission Rule 133.307(g)(3)(B) the requestor did not document one-on-one therapeutic procedures; therefore, reimbursement is not recommended.

### III. 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 CPT codes 99204, 99214, 97139-SS, 97032, 99212, 97124, 97035, and 97110 in the amount of \$1,319.71. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,319.71** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 21<sup>st</sup> day of September 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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