

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 8-24-04.

### **I. DISPUTE**

Whether there should be reimbursement for CPT code 99212, 97112GP, 97530GP, 97110GP, 97545WHCA and 97546WHCA.

### **II. FINDINGS**

The requestor withdrew dates of service: 10-10-03 CPT code 95999; 12-16-03; and 3-18-04.

The respondent submitted a response to the request for medical dispute resolution on 9-9-04. The carrier contends that, "The remainder of the services in dispute has been denied as being provided by an inappropriate health care provider. The treatment is not reasonable or necessary in relation to the injury of\_\_\_\_."

The requestor contends that, "Our work hardening program is CARF certified and we are due full payment without discount. Pre-authorization is not necessary."

### **III. RATIONALE**

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted a copy of a signed certified green card that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

Rule 134.600(h)(9) does not require preauthorization for CARF accredited work hardening programs; therefore, the work hardening program will be reviewed per *Medical Fee Guideline*.

Rationale for 97110:

Recent review of disputes involving one-on-one 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 therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision,

as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with Rule 134.202 and 133.307(g)(3). Therefore, reimbursement is not recommended.

| DOS  | CPT CODE    | Billed                      | Paid   | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference           | Rationale  |
|--|-------------|-----------------------------|--------|-----------------|--|---------------------|--|
| 10-10-03<br>10-15-03                                     | 99212       | \$47.23                     | \$0.00 | No EOB          | \$47.23                                | CPT Code Descriptor | MAR reimbursement of \$47.23 X 2 dates = \$94.46.                |
| 10-15-03   | 97112GP (2) | \$36.94<br>x 2 =<br>\$73.88 | \$0.00 | No EOB          | \$36.94 x 2 =<br>\$73.88               | CPT Code Descriptor | MAR reimbursement of \$73.88 is recommended.                     |
| 10-15-03   | 97530GP     | \$72.96                     | \$0.00 | No EOB          | \$72.96                                | CPT Code Descriptor | MAR reimbursement of \$72.96 is recommended.                     |
| 10-15-03   | 97110GP     | \$136.20                    | \$0.00 | No EOB          | \$136.20                               | Rule 134.202        | See rationale above, no reimbursement is recommended.            |
| 12-17-03<br>12-22-03<br>12-24-03<br>12-29-03<br>12-30-03 | 97545WHCA   | \$128.00                    | \$0.00 | No EOB          | \$128.00                               | CPT Code Descriptor | MAR reimbursement of \$128.00 X 5 dates = \$640.00.              |
| 12-17-03<br>12-22-03<br>12-29-03<br>12-30-03             | 97546WHCA   | \$384.00                    | \$0.00 | No EOB          | \$384.00                               | CPT Code Descriptor | MAR reimbursement of \$384.00 X 5 dates = \$1920.00.             |
| 12-18-03<br>12-19-03<br>12-23-03                         | 97545WHCA   | \$128.00                    | \$0.00 | A               | \$128.00                               | CPT Code Descriptor | MAR reimbursement of \$128.00 X 3 dates = \$384.00.              |
| 12-18-03<br>12-19-03<br>12-23-03                         | 97546WHCA   | \$384.00                    | \$0.00 | A               | \$384.00                               | CPT Code Descriptor | MAR reimbursement of \$384.00 X 3 dates = \$1152.00.             |
| 12-24-03   | 97546WHCA   | \$320.00                    | \$0.00 | A               | \$320.00                               | CPT Code Descriptor | MAR reimbursement of \$320.00 is recommended.                    |
| 12-30-03   | 99211       | \$26.94                     | \$0.00 | No EOB          | \$26.94                                | CPT Code Descriptor | MAR reimbursement of \$26.94 is recommended.                     |
| TOTAL  |             |                             |        |                 |  |                     | The requestor is entitled to reimbursement of <b>\$4684.24</b> . |

#### IV. 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 (97545WHCA, 97546WHCA, 99211, 99212, 97112, 97530) in the amount of **\$4684.24**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4684.24** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR Tracking Number: M5-04-4341-01

The above Findings, Decision and Order are hereby issued this 10<sup>th</sup> day of November 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division