

MDR Tracking Number: M5-05-0121-01

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 09-09-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97545-WC, 97546-WC, 97010, 95851, 97035, 97140 and 97110 for dates of service 09-03-03 through 11-04-03.

II. FINDINGS

The medical necessity issues for date of service 09-17-03 for CPT code 99090 were withdrawn on 10-04-04. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 01-08-05 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 97545-WC (4 units) dates of service 10-27-03, 10-28-03, 10-29-03 and 10-30-03 denied with denial code "F" (reduction according to Medical Fee Guideline). The carrier made a payment of \$230.40. Per Rule 134.202(e)(5)(B)(iii) additional reimbursement is recommended in the amount of **\$25.60**. (MAR of \$256.00 (\$64.00 X 4) minus carrier payment of \$230.40).

CPT code 97546-WC (24 units) dates of service 10-27-03, 10-28-03, 10-29-03 and 10-30-03 denied with denial code "F" (reduction according to Medical Fee Guideline). The carrier made a payment of \$691.20 Per Rule 134.202(e)(5)(B)(iii) additional reimbursement is recommended in the amount of **\$172.80** (\$864.00 billed minus carrier payment of \$691.20).

CPT code 97545-WC date of service 11-04-03 denied with denial code "O" (denial after reconsideration). Since neither party submitted an original EOB review will be per Rule 134.202. The carrier made a payment of \$57.60. Additional reimbursement is recommended in the amount of **\$6.40** (MAR of \$64.00 minus carrier payment of \$57.60).

CPT code 97546-WC date of service 11-04-03 denied with denial code "O" (denial after reconsideration). Since neither party submitted an original EOB review will be per Rule 134.202. The carrier made a payment of \$172.80. Additional reimbursement is recommended in the amount of **\$43.20** (\$216.00 billed minus carrier payment of \$172.80).

CPT code 97010 dates of service 09-05-03 and 10-01-03 denied with denial code “G” (global). CPT code 97010 for dates of service after August 1, 2003 in accordance with the 2002 Medical Fee Guideline is a bundled service code and considered an integral part of a therapeutic procedure. Payment is included in the allowance for another therapy service/procedure performed. No payment is recommended.

CPT code 97010 date of service 09-08-03 denied with denial code “F” (reduction according to Medical Fee Guideline). CPT code 97010 for dates of service after August 1, 2003 in accordance with the 2002 Medical Fee Guideline is a bundled service code and considered an integral part of a therapeutic procedure. Payment is included in the allowance for another therapy service/procedure performed and no separate payment is allowed. No reimbursement recommended.

CPT code 97110 dates of service 09-03-03 and 09-08-03 denied with denial code “F” (reduction according to Medical Fee Guideline). The carrier made a payment of \$65.28. Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment. No additional reimbursement recommended.

CPT code 95851 date of service 09-17-03 denied with denial code “F” (reduction according to Medical Fee Guideline). Per Rule 134.202(e)(1) reimbursement is recommended in the amount of **\$30.61** (\$24.49 X 125%).

CPT code 97035 date of service 09-08-03 denied with denial code “F” (reduction according to Medical Fee Guideline). The carrier made a payment of \$14.21. The MAR per 134.202(c)(1) is \$14.21 (\$11.37 X 125%). No additional reimbursement is recommended.

CPT code 97140 date of service 09-08-03 denied with denial code “N” (not documented). The requestor did not submit documentation for review for date of service in dispute. No reimbursement recommended.

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 codes 97545-WC, 97546-WC and 95851. The Division has determined that the **requestor is not** entitled to reimbursement for CPT codes 97010, 97110, 97035 and 97140.

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 09-17-03, 10-27-03, 10-28-03, 10-29-03, 10-30-03 and 11-04-03 in this dispute.

The above Findings and Decision and Order are hereby issued this 31st day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh