

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 5-10-05.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213, 98943, L0500, A4595, 99212, 97110, 97012, 97150, 97024, 97139-EU, 98940, 97018, A9150 which were denied by the insurance carrier as “G - global”, “F- Fee Guideline MAR reduction”, “G-global” or “Recommend Payment.”

II. FINDINGS

In a letter dated 5-31-05 the requestor has withdrawn all medical necessity services. Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On 6-28-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. These medical fees are discussed in Section III.

III. RATIONALE

Many of the EOB's relating to these services show that the services were denied as “R3 – Extent of Injury”. However, the insurance carrier stated on its response of 5-26-05, “There are no unresolved compensability issues related to this dispute.” The carrier did not reaudit the dispute to assign new denial codes to the services. The carrier also states “there is no record of reconsideration for dates of service 7-2-04 – 7-21-04.” However, there is proof in the form of reconsideration EOB's. Therefore the services will be reimbursed per Commission Rule 134.202 (c).

CPT code 99213 on 6-11-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor's billed amount of \$58.99.**

CPT code 98943 from 6-11-04 through 8-2-04 was denied as “506-Re-evaluated bill, payment adjusted.” Texas Labor Code 413.011 (d) and Rule 133.304 (i) (1-4) place certain requirements on the Requestor when billing for services for which the Commission has not established a maximum allowable reimbursement. Per Rule 133.307(g)(3)(D), the Requestor is required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has not provided sample EOBs or other evidence that the fees billed are for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. **Recommend no reimbursement.**

HCPCS code L0500 on 6-11-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the DMEPOS Fee Schedule the carrier has reimbursed adequately. **Recommend no additional reimbursement.**

HCPCS code A4595 on 6-11-04 (2 units) was denied as “G – Unbundling”. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to. Therefore it will be reviewed according to the DMEPOS Fee Schedule. **Recommend reimbursement of \$57.62 (28.81 X 2 units).**

CPT code 99212-25 on 6-18-04 was denied as “G – Unbundling”. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to. Per the Medicare Fee Schedule this service is not global to any other service billed on this date. Recommend reimbursement of the **Requestor’s billed amount of \$41.91.**

Regarding CPT code 97110 from 6-22-04 through 10-4-04: This service was denied by the carrier. 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. 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 not recommended.**

CPT code 97150 from 6-22-04 through 10-11-04 (except 9-24-04) was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of \$440.58 (\$20.98 X 21 DOS).**

CPT code 97150 on 9-24-04 was denied as “G – Unbundling”. Per the Medicare Fee Schedule this service is global to CPT code 97112 which was billed on this date. **Recommend no reimbursement.**

CPT code 99080 on 9-02-04 was denied as “G – Unbundling”. These are copies of medical reports and are not bundled to any other service. **Recommend reimbursement of \$78.50.**

CPT code 97024 from 6-22-04 through 7-12-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor’s billed amount of \$38.71 (\$5.53 X 7 DOS).**

CPT code 97139-EU from 6-22-04 through 7-21-04 was denied as “506-Re-evaluated bill, payment adjusted.” “EU” is not a valid modifier per the Medicare Fee Schedule. **Recommend no reimbursement.**

CPT code 98940 from 6-22-04 through 7-12-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor’s billed amount of \$271.17 (\$30.13 X 9 DOS).**

CPT code 97018 from 6-23-04 through 8-23-04 was denied as “506-Re-evaluated bill, payment adjusted” or as “G-Unbundling”. Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. Per Medicare Fee Guidelines this is not a bundled code. **Recommend reimbursement of the Requestor’s billed amount of \$37.70 (\$7.54 X 5 DOS).**

CPT code 97124 from 6-25-04 through 7-12-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor’s billed amount of \$205.52 (\$25.69 X 8 DOS).**

CPT code 97112 on 7-8-04, 7-14-04 and 7-16-04, 7-19-04 and 7-21-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor’s billed amount of \$171.50 (\$34.30 X 5 DOS).**

CPT code 99213 on 6-29-04 was denied as “G – Unbundling”. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to. Per the Medicare Fee Schedule this service is not global to any other service billed on this date. **Recommend reimbursement of the Requestor’s billed amount of \$41.91.**

CPT code 95851 on 6-29-04 (5 units) was denied as “G – Unbundling”. CPT code 95851 is considered by Medicare to be a component procedure of CPT code 99213. The services represented by the code combination will not be paid separately. **Recommend no reimbursement.**

CPT code 97750-MT on 6-30-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Medicare Fee Schedule “MT” is not a valid modifier for this CPT code. **Recommend no reimbursement.**

CPT code 97530 from 7-8-04 through 7-21-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor’s billed amount of \$128.45 (\$25.69 X 5 DOS).**

CPT code 97530 from 8-20-04 through 10-11-04 was denied as “G – Unbundling”. Per the Medicare Fee Schedule this service is global to CPT code 97150 which was billed on these dates. **Recommend no reimbursement.**

CPT code 97112 from 8-20-04 through 10-11-04 was denied as “G – Unbundling.” Per the Medicare Fee Schedule this service is global to CPT code 97150 and CPT code 98940. One of these codes was also billed on these dates. **Recommend no reimbursement.**

HCPCS Code A9150 on 8-3-04 was denied as “G – Unbundling”. Texas Labor Code 413.011 (d) and Rule 133.304 (i) (1-4) place certain requirements on the Requestor when billing for services for which the Commission has not established a maximum allowable reimbursement. Per Rule 133.307(g)(3)(D), the Requestor is required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has not provided sample EOBs or other evidence that the fees billed are for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. **Recommend no reimbursement.**

CPT code 97012 on 10-4-04 and 10-11-04 was denied as “G – Unbundling”. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to. Per the Medicare Fee Schedule this service is not global to any other service billed on this date. Recommend reimbursement of the **Requestor’s billed amount of \$34.40 (\$17.20 X 2 DOS).**

CPT code 97012 on 7-9-04 and 7-14-04 was denied as “506-Re-evaluated bill, payment adjusted.” Per the Requestor, the carrier made no payment and gave no valid reason for not doing so. **Recommend reimbursement of the Requestor’s billed amount of \$34.40 (\$17.20 X 2 DOS).**

IV. DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement as outlined above in the amount of **\$1,641.36 from 6-11-04 through 10-11-04** Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for these services as outlined above for the unpaid medical fees:

- in accordance with Medicare program reimbursement methodologies for dates of service after 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.

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)).

This Decision and Order is hereby issued this 14th day of July, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division