

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 8/23/02.

### I. DISPUTE

Whether there should be additional reimbursement for 95900 – Motor Nerve Conduction Test, 95904 – Sensory Nerve Conduction Test, 95935 – “H” or “F” Reflex Study, 99213 – Office Visit and 97750 – Physical Performance Test conducted on 12/5/01.

### II. RATIONALE

The injured worker suffered a left knee injury. All services were reviewed per the 1996 Medical Fee Guideline.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12/5/01	97750 x 8 units	\$344.00	\$0.00	F	\$43.00 per unit	MFG, MGR, (I)(E)(3)	The medical documentation supports delivery of service as billed. However, this test may not exceed the MAR for an FCE 500.00. Recommend reimbursement of \$344.00.
	97750 x 8 units	\$344.00	\$0.00	F	\$43.00 per unit	See above.	See above. Recommend reimbursement of \$156.00.
	97750 x 8 units	\$344.00	\$0.00	F	\$43.00 per unit	See above.	Exceeds limitation set per MFG, MGR, (I)(E)(3) Additional reimbursement is not recommended.
	97750 x 8 units	\$344.00	\$0.00	F	\$43.00 per unit	See above.	See above. Additional reimbursement is not recommended.
	97750 x 8 units	\$344.00	\$0.00	F	\$43.00 per unit	See above.	See above. Additional reimbursement is not recommended.
	97750 x 8 units	\$344.00	\$0.00	F	\$43.00 per unit	See above.	See above. Additional reimbursement is not recommended.
12/5/01	95935 x 4 units	\$212.00	\$0.00	F	\$53.00/ extremity	MFG, MGR (IV)(B)(d)	The injured workers diagnosis was limited to left knee pain. Tests were performed on the left and the right side for comparative interpretation. Per MFG, Medicine Ground Rule (IV)(B)(2)(d), reimbursement for bilateral testing is supported. Reimbursement of \$53.00 X 2 = \$106.00 is recommended.
12/5/01	95900 x 4 units	\$256.00	\$64.00	F	\$64.00/ nerve	Medicine GR (IV)	NCV report supports testing of 4 nerves, reimbursement of \$256.00 is recommended.

12/5/01	95904 x 4 units	\$384.00	\$192.00	U	\$64.00 / nerve	N/A	This service was withdrawn by the requestor on 4/28/03 and is no longer in dispute. Additional reimbursement is not recommended.
12/5/01	99213	\$48.00	\$0.00	F	\$48.00	E/M GR (IV)((A)(1)	Per the MFG, "When a doctor performs a complete diagnostic service during an office visit...service shall be reimbursed in addition to the office visit." Reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$910.00.

### 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 95900 – Motor Nerve Conduction Test, 95904 – Sensory Nerve Conduction Test, 95935 – “H” or “F” Reflex Study, 99213 – Office Visit and 97750 – Physical Performance Test in the amount of **\$ 910.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$910.00** 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 31<sup>st</sup> day of March, 2004.

Noel L. Beavers  
 Medical Dispute Resolution Officer  
 Medical Review Division

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