

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-3185-01**

MDR Tracking Number: M5-03-1871-01

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 10/7/02.

I. DISPUTE

Whether there should be additional reimbursement for 97750-MT, dated 10/19/01 and 10/30/01 and 95851, dated 10/30/01.

II. FINDINGS

Services from 10/22/01 through 10/26/01 were denied by the carrier on the basis of lack of medical necessity. These services were subsequently withdrawn by the requestor. There are remaining fee issues for the services of 10/19/01 and 10/30/01. These remaining disputed services will be reviewed on the basis of the 1996 Medical Fee Guideline.

III. RATIONALE

The range of motion testing 95851 of 10/30/01 was denied by the respondent on the basis the service was global to another procedure. The respondent did not identify which procedure included this disputed service. The 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8) states, "Range of motion measurements and muscle testing as performed by the physical or occupation therapist during this re-evaluation are included in this code and shall not be reimbursed separately. The documentation submitted by the requestor indicates the testing was done by a doctor, therefore reimbursement of muscle testing 95851 is recommended.

The muscle testing, dated 10/19/01 and 10/30/01, were both reduced to one unit per the carrier. The medical reports for this service verify the time used in testing was the same as billed by the requestor. Per the 1996 Medical Fee Guideline, this service is paid at \$43.00 per 15 minute unit. Additional reimbursement of \$215.00 is recommended for the disputed muscle testing.

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 97750-MT and 95851 in the amount of **\$251.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$251.00** 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 26th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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