

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 4-21-03.

I. DISPUTE

Whether there should be additional reimbursement for 95935 for date of service 6-12-02.

II. FINDINGS

On July 16, 2003, the Division submitted a Notice to the Requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (q) (1) and subsequently, the medical necessity issues were dismissed. The Notice also requested 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 95935 (\$53.00 per study, not per nerve) for date of service 6-12-02 was partially paid with a denial code of "F – the charge for the procedure exceeds the amount indicated in the fee schedule" and "G – reimbursement for this procedure is included in the basic allowance for another procedure." The requestor did not submit documentation to support the additional reimbursement.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 95935.

The above Findings, Decision and Order are hereby issued this 19th day of December 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt