

MDR Tracking Number: M5-03-3327-01

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 7/21/03.

I. DISPUTE

Whether there should be additional reimbursement for 99213, 95900-27 and 95904-27 from 2/4/03 through 2/14/03.

II. FINDINGS

The requestor initially submitted an additional service, 95935-27 in this dispute, dated 2/5/03. The requestor subsequently withdrew this disputed service. Therefore, this service will not be addressed in this finding.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2/4/03	99213	65.00	0.00	L	48.00	Section 408.022 (e)(1)	The services were provided by Dr. Harden, a member of the requestor's staff. A referral to another doctor within the requestor's practice is allowed per the MFG. Reimbursement of \$48.00 is recommended.
2/5/03	95900-27 x 3 units	195.00	57.60	F	\$64.00 per nerve.	Section 408.021 (a)(1-3)	NCV. Each nerve. The medical report supports there were three motor nerves tested. Recommend reimbursement of \$134.40.
	95904-27 x 3 units	195.00	57.60	F	\$64.00 per nerve.	See above.	Each additional nerve. Three sensory nerves tested per report. Recommend reimbursement of \$134.40.
2/14/03	99213	65.00	0.00	L	48.00	Section 408.022 (e)(1)	The services were provided by Dr. Harden, a member of the requestor's staff. A referral to another doctor within the requestor's practice is allowed per the MFG. Reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$364.80.

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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 99213, 95900 and 95904 in the amount of **\$364.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$364.80** 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 5th day of May, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb