

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 8-25-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 95851 for dates of service 10-16-02 and 10-29-02.

II. FINDINGS

The medical necessity issues for dates of service 10-17-02, 10-18-02, 10-31-02, 11-05-02 through 11-08-02 and 11-11-02 through 11-13-02 were withdrawn on 10-06-03. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 10-06-02 requesting 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 95851 on dates of service 10-16-02 and 10-29-02 was denied with denial code G. These services were not global to any other service billed on 10-16-02 or 10-29-02. The requestor submitted relevant information to support delivery of the services. The services were reviewed per the 1996 *Medical Fee Guideline* Medicine Ground Rule (I)(E)(4). Reimbursement is recommended in the amount of the MAR of \$36.00 times two dates of service for a total recommended reimbursement of \$72.00.

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 for CPT code 95851. Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 10-16-02 and 10-29-02 in this dispute.

The above Findings and Decision and Order are hereby issued this 5th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh