



**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**PART I: GENERAL INFORMATION**

Requestor's Name and Address:  Dr. Pedro Nosnik 4100 West 15 <sup>th</sup> St. Ste 206 Plano, Texas 75093	MFDR Tracking #:	M4-05-1846-01
	Previous #:	M5-04-3423-01
	DWC Claim #:	
Respondent Name and Box #:  CITY OF DALLAS BOX 42	Injured Employee:	
	Date of Injury:	
	Employer Name:	CITY OF DALLAS
	Insurance Carrier #:	20032820

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary (Table of Disputed Services): "Fee issue. This procedure is not included in any other procedures."

Principle Documentation:

1. DWC 60 package
2. CMS 1500(s)
3. EOB(s)

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "At issue in this matter is the Provider's alleged entitlement to additional reimbursement for six units of a Motor Nerve Conduction test, coded 95903. However, as these studies are reimbursed per each nerve, the Carrier reimbursed the Provider for four of the studies...The Provider is due no further monies."

Principle Documentation:

1. Response to DWC 60
2. CMS 1500(s)
3. EOB(s)

**PART IV: SUMMARY OF FINDINGS**

Date(s) of Service	Denial Code(s)	CPT Code(s) and Calculations	Part V Reference	Amount Due
8-14-03	F, 264	95903 (\$81.97 x 2 units)	1, 2, 3, 4	\$163.94
<b>Total Due:</b>				\$163.94

**PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION**

Section §413.011(a-d) titled, *Reimbursement Policies and Guidelines*, and Division Rule 134.202 titled, *Medical Fee Guideline* effective August 1, 2003, sets out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "F-Not according to Treatment Guidelines," and "264-This procedure is included in another study done on the same date, as nerve conduction tests are reimbursed per each nerve."
2. The Respondent reimbursed \$327.88. This review is per Rule 134.202. There are no treatment guidelines. Each nerve tested can be billed separately.
3. Per Rule 134.202 this procedure is not considered to be a component procedure of any other service which was billed on this date of service. Reimbursement is recommended.
4. Per review of Box 32 on CMS-1500, zip code 75220 is located in Dallas County.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES**

Texas Labor Code Sec. §413.011(a-d)  
 28 Texas Administrative Code Sec. §134.1, §134.202

**PART VII: DIVISION DECISION AND/OR ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$163.94 plus accrued interest, due within 30 days of receipt of this Order.

**ORDER:**

Donna D. Auby

7-6-07

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. §413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision, that is the subject of the appeal, is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**