

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 10/30/03.

I. DISPUTE

Whether there should be reimbursement for 95851 denied as global, 99080-73 denied per fee guideline and 99455-RP denied for lack of documentation from 3/20/03 through 6/13/03.

II. FINDINGS

The requestor originally submitted a Table of Disputed Services covering dates of service from 3/7/03 through 6/17/03. The requestor subsequently withdrew all medical necessity issues on 12/8/03. For this reason only 95851, 99080-73 and 99455-RP from 3/20/03 through 6/13/03 will be reviewed in this decision.

III. RATIONALE

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.

Per Commission Rule 129.5 (d)(1-3), "The doctor shall file the Work Status Report:

- (1) after the initial examination of the employee, regardless of the employee's work status;
- (2) when the employee experiences a change in work status or a substantial change in activity restrictions; and
- (3) on the schedule requested by the insurance carrier (carrier), its agent, or the employer requesting the report through its carrier, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee."

Per Commission Rule 133.307 (e)(2)(A-B), "(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:

- (A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/20/03	95851	\$38.00	\$0.00	G	\$36.00	MFG, MGR, (I)(A)(8)	The doctor signed the range of motion report identifying that it was performed by the doctor and is therefore not global. Recommend reimbursement of \$36.00.
3/21/03	99080-73	\$15.00	\$0.00	F	\$15.00	Rule 129.5 (d)(1-3)	The SOAP note, dated 3/21/03, confirms delivery of service. The TWCC-73 is a required report. On this basis, reimbursement of \$15.00 is recommended.
4/18/03	99080-73	\$15.00	\$0.00	F	\$15.00	See above.	The SOAP note, dated 4/18/03, confirms delivery of service. The TWCC-73 is a required report. On this basis, reimbursement of \$15.00 is recommended.
5/14/03	99080-73	\$15.00	\$0.00	F	\$15.00	See above.	The SOAP note, dated 5/14/03, confirms delivery of service. The TWCC-73 is a required report. On this basis, reimbursement of \$15.00 is recommended.
	99455-RP	\$53.00	\$0.00	N	DOP	Rule 133.307 (e)(2)(A)	This service is not listed in the SOAP notes. Also, the service is DOP and the requestor failed to support their charges as fair and reasonable. Also, the bill with this CPT code was not submitted by the requestor. Reimbursement is not recommended.
6/13/03	99080-73	\$15.00	\$0.00	F	\$15.00	Rule 129.5 (d)(1-3)	The SOAP note, dated 6/13/03, confirms delivery of service. The TWCC-73 is a required report. On this basis, reimbursement of \$15.00 is recommended.
TOTALS							Reimbursement of \$96.00 is recommended.

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 95851 in the amount of **\$96.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$96.00** 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 24th day of May, 2004.

Noel L. Beavers
 Medical Dispute Resolution Officer
 Medical Review Division

NLB/nlb