

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 December 29, 2003.

### **I. DISPUTE**

Whether there should be reimbursement for CPT Code 95851 for dates of service 03/17/03 and 04/29/03.

### **II. FINDINGS**

On February 11, 2004 \_\_\_ withdrew the office visit with manipulation denied as "V" for date of service 07/30/03; therefore, this date of service will not be reviewed.

### **III. RATIONALE**

- CPT Code 95851 denied as "G - By clinical practice standards, this procedure is incidental to the related primary procedure billed. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(8) range of motion measurements and muscle testing as performed by the physical or occupational therapist during a re-evaluation are included in the office visit and shall not be reimbursed separately. Range of motion measurements reports show testing was done by an OTR. Reimbursement is not recommended.

### **IV. DECISION**

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 95851.

The above Findings and Decision are hereby issued this 5<sup>th</sup> day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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