



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Principle Diagnostics LLC

**Respondent Name**

Wesco Insurance Co

**MFDR Tracking Number**

M4-25-0780-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

December 6, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
Aprill 11, 2024	95886-RT	\$225.00	\$0.00
Aprill 11, 2024	95886-LT	\$225.00	\$0.00
Aprill 11, 2024	95913	\$1700.00	\$0.00
Aprill 11, 2024	A4215	\$50.00	\$0.00
Aprill 11, 2024	A4556	\$25.00	\$0.00
Aprill 11, 2024	A4558	\$25.00	\$0.00
<b>Total</b>		<b>\$2,250.00</b>	<b>\$0.00</b>

### Requestor's Position

"We were never given the peer review or any HLN-11 [sic] report on this claim. We did receive the approval from the preauth department which is attached. Calls and emails to the adjuster over the course of months have not been returned."

**Amount in Dispute:** \$2,250.00

### Respondent's Position

The Austin carrier representative for Wesco Insurance Co is Downs Stanford PC. The representative was notified of this medical fee dispute on December 10, 2024. Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 TAC §124.2](#) sets out requirements of carrier notification.
2. [28 TAC §133.210](#) defines medical documentation.
3. [28 TAC §134.600](#) sets out the requirement of prior authorization.
4. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
5. [28 Texas Administrative Code §134.203](#) sets out the fee guidelines for professional medical services.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 5 - Illegible
- P13 – Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.
- U03 – The billed service was reviewed by UR and authorized.
- 16 - Claim/service lacks information or has submission/billing errors.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate the upon receipt of clarifying information.
- 197/240 – Precertification/authorization/notification absent.
- 15 - Illegible
- J19 – No adjustments have been made for the bilateral modifier per the policies and guidelines established for the bilateral indicator.
- 51 – These are non-covered services because this is a pre-existing condition.
- 160- Injury/illness was the result of an activity that is a benefit exclusion.
- 96 – Non-covered services
- 972 – This is not related to the injury and is denied.

## Issues

1. Did the respondent support non-compensability, relatedness denials?
2. Are the insurance carrier's denials supported?
3. What rule is applicable to reimbursement?
4. Are the rendered supplies eligible for reimbursement?
5. Is requestor entitled to additional reimbursement?

## Findings

1. The submitted explanation of benefits included the following denial codes.
  - 160 – Injury/illness was the result of an activity that is a benefit exclusion.
  - 51/X51 – These are non-covered services because this is a pre-existing condition.
  - 972 – This is not related to the injury and is denied.
  - N607 - Service provided for non-compensable conditions(s).

DWC Rule 28 TAC §133.307(d)(2)(H) requires that if the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with Rule §124.2 (relating to carrier reporting and notification requirements).

DWC Rule 28 TAC §124.2(h) requires notification to the division and claimant of any dispute of disability or extent of injury using plain language notices with language and content prescribed by the division. Such notices "shall provide a full and complete statement describing the carrier's action and its reason(s) for such action. The statement must contain sufficient claim-specific substantive information to enable the employee/legal beneficiary to understand the carrier's position or action taken on the claim."

Review of the submitted information finds no copies, as required by Rule §133.307(d)(2)(H), of any PLN-11 or PLN 1 notices issued in accordance with Rule §124.2. The insurance carrier's denial reason is therefore not supported. Furthermore, because the respondent failed to meet the requirements of Rule §133.307(d)(2)(H) regarding notice of issues of extent of injury, the respondent has waived the right to raise such issues during dispute resolution. Consequently, the division concludes there are no outstanding issues of compensability, extent, or liability for the injury. The disputed services are therefore reviewed pursuant to the applicable rules and guidelines.

2. The requestor seeks reimbursement of code 95913- Nerve conduction studies; 13 or more studies. The insurance carrier denied the disputed service for lacking information and no authorization. DWC Rule 28 TAC 134.210(a)(b) states in relevant parts, "Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test

results. When submitting a medical bill for reimbursement, the health care provider shall provide required documentation in legible form, unless the required documentation was previously provided to the insurance carrier or its agents. Review of the submitted documentation found insufficient evidence to support that thirteen or more nerve conduction studies were rendered. The insurance carrier's denial is supported no payment is recommended.

The requestor also seeks reimbursement of code 95886 – Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency, velocity study; complete, for five or more muscles studied, innervated by three or more nerves or four or more spinal levels. As shown above medical documentation was required to support the diagnostic testing rendered. The documentation submitted states, "Electromyographic examination (EMG) was performed of the bilateral lower extremities." This document did not indicate the number of muscles studied or the number of spinal levels studied. The insurance carrier's denial for lacking information is supported.

The carrier also included on the explanation of benefits a denial for lack of prior authorization. DWC Rule §134.600 (p)(8)(A) states, "Non-emergency health care requiring preauthorization includes: unless otherwise specified in this subsection, a repeat individual diagnostic study; with a reimbursement rate of greater than \$350 as established in the current Medical Fee Guideline..."

Review of the submitted documentation found a utilization review recommending the EMG/NCV but not the Nerve Conduction Study. Neither code 95886 nor 95913 were a repeat study based on information known to the Division. This denial is not supported. The remaining codes in dispute are reviewed below.

3. The requestor seeks reimbursement of codes A4215 – needle, sterile, any size, each, A4556 – Electrodes (e.g. apnea monitor) per pair, and A4558 (conductive gel or paste). These items were denied for lack of authorization (not required as shown above) and items being packaged or excluded. DWC Rule §134.203 (b)(1) states in relevant parts, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing... and other payment policies in effect on the date a service is provided with any exceptions provided..."

Review of the applicable Medicare payment policy for the supplies in dispute found code A4215 is statutorily excluded and non-payable. Code A4556 and A4558 are bundled/excluded codes. No payment is recommended.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

Medical Fee Dispute Resolution Officer

March 21, 2025

\_\_\_\_\_  
Date

### Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1 \(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).