



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Hopkins DC

Respondent Name

Insurance Company of the West

MFDR Tracking Number

M4-26-0549-01

Carrier's Austin Representative

Box Number 04

DWC Date Received

October 28, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 3, 2025	95913	\$222.09	\$222.09
January 3, 2025	95886	\$204.20	\$5.12
Total		\$426.29	\$227.21

Requestor's Position

"... provided the service in good faith according to ODG treatment Guides..."

Amount in Dispute: \$426.29

Respondent's Position

"Our bill review vendor has reviewed the dispute and maintains that no additional monies are owed... ..Coventry has confirmed the Provider Agreement was in valid [sic] at the time of services rendered on 01/03/2025."

Response submitted by: ICW Group Insurance Companies

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the guidelines for the resolution of medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.
3. [28 TAC §133.240](#) sets out the requirements of medical payments and denials.

Denial Reasons

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

- G15 – Pricing is calculated based on the medical professional fee schedule value.
- PDC 45 – This bill was reviewed in accordance with your Coventry contract.
- PK2 P12 – Subject to Coventry Workers' Comp Network, a certified TX HCN.
- Q84 P12 – recommended allowance is in accordance with Workers' compensation fee schedule and based upon review of documentation submitted.
- 45 – Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- P24 – Payment adjusted based on Preferred Provider Organization (PPO).

Issues

1. Did the insurance carrier support injured employee enrolled in a certified network?
2. Is the Insurance carrier allowed to change the submitted billing code?
3. Is the requestor entitled to additional reimbursement for CPT code 95913 and 95886?

Findings

1. The requester seeks reimbursement for CPT codes 95913 and 95886 provided to the injured employee on January 3, 2025. The insurance carrier made a reduction in the payment amount stating, "Subject to Coventry Workers Comp Network." Review of the submitted documentation and information known to the Division found

insufficient evidence to support the injured employee is enrolled in a certified health network. Therefore, the reduction taken by the carrier is not supported and will not be considered in this review.

2. The submitted explanation of benefits dated February 25, 2025 indicates the payment of \$290.46 was made for code 95912. The submitted medical bill contained code 99513. DWC Rule §133.240 (c) states, "The insurance carrier shall not change a billing code on a medical bill or reimburse health care at another billing code's value." This review will be made based on the values assigned to code 95913.
3. The disputed charges for date of service January 3, 2025 have the following descriptions.
 - CPT code 95913 is defined as Nerve conduction studies; 13 or more studies.
 - CPT code 95886 is defined as Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal.

The rule applicable to reimbursement of these professional medical services is found in DWC Rule 28 TAC §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment for location = Maximum Allowable Reimbursement (MAR).

- Date of the service in dispute: January 3, 2025
- The 2025 DWC Conversion Factor is 70.18
- The 2025 Medicare Conversion Factor is 32.3465
- A review of the medical bills finds that the disputed services were rendered in zip code 75240; the Medicare locality is "Dallas."
- The CMS Physician fee schedule allowable CPT code 95913 at this locality is \$276.62.
- Using the above formula, the DWC finds the MAR is \$600.16.
- The respondent paid \$290.46.
- The remaining balance is \$309.70. The requester seeks \$222.09. This amount is recommended.
- The CMS Physician Fee Schedule amount for CPT code 95886 at this locality is \$91.19 per unit.
- Using the above formula, the DWC finds the MAR is \$196.62.

- The respondent paid \$191.50.
- The remaining balance is \$5.12. This amount is recommended.

The division concludes that the requestor is entitled to \$227.21.

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 requester has established that additional reimbursement of \$227.21 is due.

ORDER

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Insurance Company of the West must remit to Dr. John Hopkins \$227.21 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	December 29, 2025 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 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. 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.

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.