



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

John Hopkins, DC, PhD

Respondent Name

Hartford Insurance Company

MFDR Tracking Number

M4-26-0564-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 28, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 28, 2025	95913	\$323.38	\$323.38
February 28, 2025	95886 x 2 units	\$217.62	\$212.32
Total		\$541.00	\$535.70

Requester's Position

"... we had pre-authorization approved and provided the service in good faith according to ODG treatment Guides, they are delaying to pay according to the fee schedule in Bad faith. They did all to delay payment repeatedly intentionally."

Amount in Dispute: \$541.00

Respondent's Position

"The original bill for dos 2/28/25 was processed on 4/17/25. Bill paid per provider contract with HEALTHESYSTEMS."

Response Submitted by: The Hartford

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 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 999 – No description for the denial reason provided.

Issues

1. Were the disputed services provided by the requester out-of-network healthcare?
2. Is the requester entitled to reimbursement?

Findings

1. The requester, Dr. John Hopkins, submitted medical fee dispute M4-26-0564-01 to the Division of Workers' Compensation (DWC) for resolution under 28 TAC §133.307. The dispute concerns the reduced reimbursement for a nerve conduction study (CPT code 95913) and nerve conduction test 13/or more studies (CPT code 95886 x 2 units), both of which were performed on February 28, 2025.

Based on the documentation submitted and information available to DWC, the injured employee's claim is subject to the Hartford Workers' Compensation Health Care Network.

The requester seeks additional payment for the disputed services in accordance with the applicable medical fee guidelines. The insurance carrier asserts that the bill was paid "per provider contract with Healthsystems." However, the DWC finds that the insurance carrier did not provide documentation to substantiate the alleged contract. Due to the lack of supporting evidence, the DWC determines that the services rendered by the requester were provided on an out-of-network basis.

2. Because the insurance carrier's reduction in payment is not supported, the requester is entitled to additional reimbursement for CPT codes 95913, and 95886 x 2 units.

Reimbursement is calculated as follows:

Per 28 TAC §134.203(c)(1), the formula to calculate the Maximum Allowable Reimbursement (MAR) is:

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$

- Place of Service: ZIP Code 75240
- Medicare Locality: Dallas; 4412-11

CPT 95913

- Participating Provider Rate: \$276.62
- MAR: \$600.16
- Amount Billed: \$600.00
- Amount Paid: \$276.62
- $\text{MAR } \$600.16 - \text{Previous Payment } \$276.62 = \$323.54$
- Amount Sought: \$323.38
- Recommended Amount: \$323.38

CPT 95886 (2 units)

- Participating Provider Rate: \$91.19
- $\text{MAR: } \$197.85 \times 2 \text{ units} = \394.70
- Amount Billed: \$400.00
- Amount Paid: \$182.38
- $\text{MAR } \$394.70 - \text{Previous Payment } \$182.38 = \$212.32$
- Amount Sought: \$217.62
- Recommended Amount: \$212.32.

The DWC finds that the requester is entitled to an additional payment in the total amount of \$535.70.

Conclusion

After careful consideration of the submitted documentation, the Division concludes that the requester is entitled to additional reimbursement in the amount of \$535.70.

The resolution of this medical fee dispute is determined by the evidence provided by both the requester and the respondent during the adjudication process. While not all evidence may have been thoroughly discussed, all relevant information was considered in reaching a decision.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that the respondent must remit to the requester \$535.70 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

November 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. 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 512-804-4812.