TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Principle Diagnostics LLC

Respondent Name

Service American Indemnity Co

MFDR Tracking Number

M4-26-1635-01

Insurance Carrier's Austin Representative

BOX 60 Downs Stanford PC

DWC Date Received

February 8, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2025	95886-RT	$300.00	$198.61
September 18, 2025	95886-LT	$300.00	$198.61
	Total	$600.00	$397.22

Requester's Position

The requester did not submit a position statement with this request for MFDR. They did submit a document titled, "Reconsideration / Appeal" dated December 15, 2025 that states, "…we are appealing this denial was for no authorization or precertification. …Per Texas Administrative code rule 126.7. Any additional testing that the designated doctor requires to make their evaluation is not subject to any preauthorization requirements."

Amount In Dispute: $600.00

Respondent's Position

The Austin carrier representative for Service American Indemnity is Downs Stanford. The representative was notified of this medical fee dispute on February 10, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section 127.10 provides the general procedures for designated doctor examinations.
3. 28 TAC Section 134.203 sets out the fee guidelines for professional medical services.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

- 199 – Number of services exceed utilization agreement.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carriers' denial supported?
3. Is the code submitted on the medical bill supported?
4. What rule is applicable to reimbursement?
5. Has DWC determined whether reimbursement is due to the requester?

Findings

1. The requester seeks reimbursement of code 95886 -RT and 95886-LT in the amount of $600 for date of service September 18, 2025. The insurance carrier did not respond to this request for MFDR.

2. The disputed services were denied for utilization exceeded. 28 TAC Section 127.10(c)(1) states, Additional testing and referrals. The designated doctor must perform additional testing when necessary to resolve the issue in question. The designated doctor must also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question, and the designated doctor is not qualified to fully resolve it.
   (1) Any additional testing or referrals required for the evaluation are not subject to preauthorization requirements.

   Based on the information provided, the designated doctor (Dr. Shannon Hickman) referred the injured worker to Principle Diagnostics LLC for additional testing (Bilateral Lower Extremity EMG/NCV). Therefore, the insurance carrier's denial for number of services exceed utilization agreement is not supported. The services in dispute will be reviewed per applicable fee guidelines.

3. 28 TAC 134.203(b) states, For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

   (1) Medicare payment polices…

   28 TAC 134.203(a)(5) states, "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding…

   The disputed code is described as, 95886 -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 levels (List separately in addition to code for primary procedure).

   Review of the submitted documentation (Page 4 of testing results) supports that five or more muscles were studied on the left and right side of the patient. The submitted code 95886-RT and 95886-LT is supported.

4. DWC Rule 28 TAC Section 134.203 states in pertinent part, (c) To determine the Maximum Allowable Reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
   (1) 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 $52.83…
   (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year…"

The following formula represents the calculation of the DWC MAR at Section 134.203 (c)(1) & (2). (DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment = MAR. In this instance,

- The 2025 DWC Conversion Factor 70.18
- The 2025 CMS Conversion Factor 32.3465
- CMS Physician Fee Schedule Allowable for zip code 77018 (non-facility)(Houston) is $91.54.
- 95886-LT 70.18/32.3465 x $91.54 = $198.61
- 95886-RT 70.18/32.3465 x $91.54 = $198.61

5. Based on the information available to MFDR the insurance carrier did not support their denial for utilization exceeded. The total MAR is $198.61 + $198.61 for a total MAR of $397.22. This amount is recommended.

Conclusion

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

DWC finds the requester has established that reimbursement is due.

Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Service American Indemnity Co must remit to Principle Diagnostics $397.22 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		May 6, 2026
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section 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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.