TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Principle Diagnostics LLC

**Respondent Name**

Employers Preferred Ins Co

**MFDR Tracking Number**

M4-26-1697-01

**Insurance Carrier's Austin Representative**

BOX 4 Law Office Of Ricky D Green

**DWC Date Received**

February 17, 2026

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| February 26, 2025 | 95913 / NCV | $2,300.00 | $0.00 |
| | **Total** | $2,300.00 | $0.00 |

## Requester's Position

"We got approval to perform an EMG and NCV on this claim It first denied the entire claim. We filed an appeal, and they proceeded to pay the EMG portion of the claim but not the NCV. We called and they sent the claim back for reprocessing. Denied again. We sent a formal appeal. Appeal got denied. We called and the supervisor sent the claim back for reprocessing because he admitted it should have been paid. As of 2/12 we called and it denied again. The reason that was given was 'it exceeds the fee schedule allowance' which doesn't make sense since it should be paid under workers compensation fee schedule. The EOBs we received after the first have no explanation on the denied cpt codes as well."

**Amount In Dispute:** $2,300.00

## Respondent's Position

"After review this bill has been determined to have been processed correctly. The bill was reviewed and per review - 95913 - NERVES STIMULATION NOTED WITH NR (NO RESPONSE) IS

REIMBURSABLE. 95886 - ADD ON CODE THAN IS NOT REIMBURSABLE IF PRIMARY CODE IS DENIED. No further allowance is due."

**Response Submitted By:** Conduent

## 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 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:

1. 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
2. 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
3. P5 - Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
4. 243 - The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed.
5. 286 - Appeal time limits not met.
6. 309 - The charge for this procedure exceeds the fee schedule allowance.
7. 942 - Separate reimbursement for this line item is denied. The clinical information and detail submitted on the procedures rendered indicates that separate reimbursement for this line would be inappropriate or has been included in the value of the procedure performed.
8. P12 – Workers' compensation jurisdictional fee schedule adjustment.
9. 5211 - Clinical bill review has reduced or disallowed the charge as services performed do not meet clinical guidelines / recommendations.
10. 5213 - Services are not payable as documentation does not support the services rendered.
11. 5280, 2005 - No additional reimbursement allowed after review of appeal/reconsideration.
12. W3 – Bill is a reconsideration or appeal.
13. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
14. 18 – Exact duplicate claim/service.

15. 247 – A payment or denial has already been recommended for this service.
16. Note: 95913 – Provider cannot bill for the stimulation of nerves in which NR (no response) is noted.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial supported?
3. Is the requester entitled to reimbursement?

Findings

1. The requester seeks reimbursement for CPT code 95913 rendered on February 26, 2025. The insurance carrier denied payment stating with the denial codes listed above.

2. On the disputed date of service, February 26, 2025, the requester billed CPT codes 95886-LT, 95913, 94937, A4215, A4556, and A4558. However, the requester seeks reimbursement only for CPT code 95913. The remaining codes were not identified in the table of disputed services and, therefore, will not be addressed in this dispute.

   The insurance carrier denied payment based on several denial reasons, including denial codes "16" and "5213", asserting that the claim contained billing and/or submission deficiencies and that the documentation provided did not adequately support the services billed. Specifically, the carrier maintained that additional or corrected information was necessary to properly adjudicate the claim and determine whether reimbursement for the disputed services was warranted.

   The division will review the disputed charges and evaluate the denial reasons asserted by the carrier, together with the supporting documentation submitted, to determine whether the requester is entitled to reimbursement for the disputed services.

   The disputed services are governed by 28 TAC Section 134.203(a)(5), which provides that 'Medicare payment policies' include the reimbursement methodologies, models, values, and coding, billing, and reporting payment policies established by the Centers for Medicare and Medicaid Services (CMS) for Medicare reimbursement.

   CPT code 95913 is defined as "Nerve conduction studies; 13 or more studies."

   Codes 95907-95913 describe one or more nerve conduction studies. A single conduction test is defined as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test. Each type of study (sensory, motor with or without F wave, H-reflex) for each anatomically distinct and separately named nerve is counted as a distinct study when determining the number of studies billed. Each type of study is counted only once when multiple sites on the same nerve are stimulated and recorded. The number of tests (sensory, motor with or without F wave, H-reflex) per nerve are added to determine the code to be billed."

A review of the submitted documentation indicates that fewer than 13 tests were performed and, therefore, does not support billing CPT code 95913. Accordingly, the insurance carrier's denial is supported, and no reimbursement is warranted for the disputed service.

3. The division finds that the carrier's reason for denial is supported. Accordingly, the requester is not entitled to reimbursement for CPT code 95913 for the date of service February 26, 2025.

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 not established that reimbursement is due.

## Order

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

**Authorized Signature**

| | | |
|---|---|---|
| | | May 26, 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.