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**

BSW Surgicare Fort Worth

**Respondent Name**

Safety National Casualty Corp

**MFDR Tracking Number**

M4-26-1862-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

February 25, 2026

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| August 21, 2025 | 95870-TC | $11,745.20 | $0.00 |
| | **Total** | $11,745.20 | $0.00 |

## Requester's Position

"Gallagher Bassett approved CPT codes

- 95870 (2 units - performed and approved by payor)
- Global Claim (no modifier) which indicates this is BOTH for Professional and Technician Services …
- We made several attempts to resolve the matter with Gallagher Bassett …
- Gallagher Bassett indicated no further counteroffer (their right) other than what was entered into the TDI website on this matter."

**Amount In Dispute:** $11,745.20

## Respondent's Position

"Our bill audit company has determined that no further payment is due… We have confirmed with regulatory, CPT 95870-TC was appropriately priced. Please note the attached dispute states Global claim(no modifier) however TC modifier is being billed."

**Response Submitted By:** Gallagher Bassett

## 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 reduced payment for the disputed services with the following reasons:

1. 0663 - REIMBURSEMENT HAS BEEN CALCULATED BASED ON THE STATE GUIDELINES.
2. N130 - Consult plan benefit documents/guidelines for Information about restrictions for this service.
3. N45 - Payment based on authorized amount.
4. P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
5. P13 - PAYMENT REDUCED OR DENIED BASED ON WORKERS' COMPENSATION, JURISDICTIONAL REGULATIONS OR PAYMENT POLICIES, USE ONLY IF NO OTHER CODE IS APPLICABLE.
6. 93 - No claim level adjustment

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Is the requester entitled to additional reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) review involves reduced reimbursement for professional medical services rendered in an ambulatory surgical center on August 21, 2025.

   The insurance carrier has reimbursed the disputed CPT code in the amount of $254.80. The requester is seeking additional reimbursement in the amount of $11,745.20.

   DWC will review the submitted documentation to determine if additional reimbursement can be recommended in accordance with applicable DWC Statutes and Rules.

2. Because the service in dispute is considered a professional medical service, DWC finds that 28 TAC Section 134.203 applies to this medical fee dispute.

   28 TAC §134.203(b)(1) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

   28 TAC §134.203(c) states in pertinent part, "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. For Surgery when performed in a facility setting, the established conversion factor to be applied is $66.32. (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."

3. The requester is seeking additional reimbursement in the amount of $11,745.20 for two units of CPT code 95870-TC rendered on August 21, 2025, in an ambulatory surgical center.

   CPT code 95870 is defined as "Needle electromyography; limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters… Needle electromyography (EMG) is a specialized diagnostic procedure designed to assess the electrical activity of muscles, particularly in response to nerve stimulation… The CPT® Code 95870 specifically refers to a limited study of muscles in one extremity or non-limb (axial) muscles, which can be performed unilaterally or bilaterally."

   A review of the submitted medical bill finds that the requester appended CPT code 95870 with modifier "TC" which is used when only the technical component (TC) of a procedure is being billed. More information about modifier "TC" can be found within the Modifier TC Fact Sheet.

   The submitted documentation confirms that the procedure represented by CPT code 95870 was performed bilaterally on the disputed date of service, thus, the charge for two units is supported.

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

- Per the medical bills, the service was rendered in zip code 76104; Medicare locality is 28, Fort Worth, TX.
- The service was rendered on August 21, 2025.
- The 2025 DWC Conversion Factor is 70.18
- The Medicare Conversion Factor in 2025 is 32.3465
- The Medicare Participating amount for CPT code 95870 at locality 28 in 2025, is $58.72.
- Using the above formula, DWC finds the MAR is $127.40 per unit. The requester rendered and charged two units; therefore, the total MAR is $254.80.
- The insurance carrier paid $254.80.
- Additional reimbursement is not recommended.

DWC finds that the requester is not entitled to additional reimbursement for CPT code 95870-TC rendered on August 21, 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 additional reimbursement is due.

## Order

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

**Authorized Signature**

| | | |
|---|---|---|
| | | May 5, 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.