



# TEXAS DEPARTMENT OF INSURANCE

**Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)**  
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645  
(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

HARLINGEN MEDICAL CENTER

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

JANUARY 17, 2012

**Respondent Name**

SERVICE LLOYDS INSURANCE CO

**MFDR Tracking Number**

M4-12-1616

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Based on their payment of \$3,957.30, for this APC, a supplemental payment is still due for \$1,639.45. We have also attached the contract and the complaint that we have filed in regards to this date of service and lack of payment."

**Amount in Dispute:** \$1,639.45

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The audited bill is in accordance with the contract, the line-by-line audit option and asks you still to enter a violation in a matter not properly even before the Division... SERVICE respectfully prays that the Division dismiss this request for medical fee resolution, and further, the complaint, for the reasons stated above."

**Response Submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
August 17, 2011 through August 18, 2011	Outpatient Facility Charges	\$1,639.45	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

- 28 Texas Administrative Code §133.305, sets out the procedures for resolving medical disputes.
- 28 Texas Administrative Code §133.307, sets out the procedures for resolving a medical fee dispute.
- Texas Insurance Code Chapter 1305 applicable to Health Care Certified Networks.
- 28 Texas Administrative Code §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network.

#### **Issues**

- Did the in-network healthcare provider render services to an in-network injured employee?
- Is the requestor eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §§133.305 and 133.307?
- Does TDI rules at 28 Texas Administrative Code §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network?

**Findings**

- 1. The requestor billed for Outpatient Facility Charges rendered on August 17, 2011 through August 18, 2011 to an injured employee enrolled in a certified healthcare network. The insurance carrier’s response indicates that the healthcare provider is a participant in a certified healthcare network. The requestor seeks a decision from the Division’s medical fee dispute resolution (MFDR) section.

The Division notified the requestor on May 30, 2012 that the disputed services were provided to an injured employee enrolled in a certified network. The notification letter contained information/documentation outlining the dispute path for in-network providers and out-of-network providers. The authority for MFDR to resolve matters involving employees enrolled in a certified health care network is conditional.

- 2. 28 Texas Administrative Code §133.305 (a) (4) defines a medical fee dispute as “A dispute that involves an amount of payment for **non-network** health care rendered to an injured employee (employee) that has been determined to be medically necessary and appropriate for treatment of that employee's compensable injury. The dispute is resolved by the Division pursuant to Division rules, including §133.307 of this subchapter (relating to MDR of Fee Disputes).” Non-network health care is defined in Section (a) (6) of the same rule as “Health care not delivered, or arranged by a certified workers compensation health care network as defined in Insurance Code Chapter 1305 and related rules...”

Per 28 Texas Administrative Code §133.307 (a) (3) “...In resolving **non-network** disputes which are over the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the Division of Workers' Compensation (Division) is to adjudicate the payment, given the relevant statutory provisions and Division rules.” Adjudicating the fees for the disputed services would involve enforcing a law, regulation, or other provision related to the price of the disputed services provided by an in-network health care provider to an in-network injured employee. The Division finds the disputed services are not under the jurisdiction of the Division of Workers’ Compensation and therefore are not eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307.

- 3. The Division finds that the disputed services were rendered by an in-network healthcare provider to an in-network injured employee. The TDI rules at 28 Texas Administrative Code §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network. The Division finds that the disputed services may be filed to the TDI Complaint Resolution Process, if the health care provider or facility is dissatisfied with the outcome of the network complaint process. The complaint process outlined in Texas Insurance Code Subchapter I, §1305.401 - §1305.405 may be the appropriate administrative remedy to address fee matters related to health care certified networks.

**Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. This decision is based upon a review of all the evidence presented by the parties in this dispute. Even though all the evidence was not discussed, it was considered. The Division finds that this dispute is not under the jurisdiction of the Division of Workers’ Compensation and is therefore not eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

July 8, 2016

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**