



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION
GENERAL INFORMATION**

Requestor Name

DOCTORS HOSPITAL AT RENAISSANCE

MFDR Tracking Number

M4-19-4868-01

MFDR Date Received

July 15, 2019

Respondent Name

SHARYLAND ISD

Carrier's Austin Representative

Box Number 29

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per the denial reason listed on the explanation of review our claim was denied citing that we are a non-network provider. According to TWCC guidelines, Rule 134.403 states that the reimbursement calculation used for establishing the MAR shall be by applying the Medicare facility specific amount."

Amount in Dispute: \$207.02

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...these services were not provided by a network/primary care provider. I've attached a copy of the 504-plan list of providers."

Response Submitted by: Dean G. Pappas, PLLC

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
April 29, 2019	G0463	\$207.02	\$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

1. Texas Labor Code Chapter 504 sets out the rights and responsibilities related to *Workers' Compensation Insurance Coverage for Employees of Political Subdivisions*.
2. Texas Labor Code Chapter 413 sets out the rights and responsibilities related to *Medical Dispute Resolution*.
3. 28 Texas Administrative Code §133.307 sets out the requirements for medical fee dispute resolution.

Issues

1. Does the requestor have the right to file for medical fee dispute resolution?
2. Did the requestor support its request for reimbursement?

Findings

1. The respondent in this case asserts the following, "...these services were not provided by a network/primary care provider. I've attached a copy of the 504-plan list of providers."

Texas Labor Code Chapter 504 titled *Workers' Compensation Insurance Coverage for Employees of Political Subdivisions* authorizes health care providers to contract with intergovernmental risk pools. Specifically, Texas Labor Code Sec. 504.053(b) (2) states, in pertinent part:

If a political subdivision or a **pool** [emphasis added] determines that a workers' compensation health care network certified under Chapter 1305, Insurance Code, is not available or practical for the political subdivision or pool, the political subdivision or pool may provide medical benefits to its employees or to the injured employees of the members of the pool...(2) by directly contracting with health care providers or by contracting through a health benefits pool established under Chapter 172, Local Government Code.

The Division now considers whether the requestor has the right to file for medical fee dispute resolution in this case. The Division concluded that the injured employee is enrolled in a network pursuant to under Sec. 504.053. For this reason, Sec. 504.053 (c) (3) applies and states, in pertinent part:

If the political subdivision or **pool** [emphasis added] provides medical benefits in the manner authorized under Subsection (b) (2), the following do not apply... (3) Chapter 413, except for Section 413.042.

That is, rights granted, or provisions contained within Texas Labor Code Chapter 413 titled *Medical Dispute Resolution*, except for 413.042, **do not apply** to health care providers who provided services to an injured employee enrolled in a network. Therefore, Sec. 413.031 (c) which is the section that grants health care providers the right to file for medical fee dispute resolution does not apply. Consequently, the administrative process outlined in 28 Texas Administrative Code §133.307 titled *MDR of Fee Disputes*, established pursuant to Texas Labor Code Sec. 413.031(c), is not available to health care providers who rendered services to an injured employee enrolled in a network under Sec. 504.053(b)(2).

No documentation was found to support that the requestor had the right to file a medical fee dispute in this case. The Division finds that the requestor, has failed to demonstrate that it has the right to medical fee dispute pursuant to Texas Labor Code Sec. 413.031(c) and 28 Texas Administrative Code §133.307.

2. Section 504.053 titled *ELECTION* states in pertinent part, "(d) If the political subdivision or pool provides medical benefits in the manner authorized under Subsection (b)(2), the following standards apply: (3) the political subdivision or pool must have an internal review process for resolving complaints relating to the manner of providing medical benefits, including an appeal to the governing body or its designee and appeal to an independent review organization."

The Division finds that if the health care provider or facility is dissatisfied with the outcome of the 504-network audit process, the requestor may file an appeal with the governing body or its designee,

Conclusion

The requestor failed to support its request for reimbursement; as a result, the amount ordered is \$0.00. The Division emphasizes that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. Even though not all the evidence was discussed, it was considered.

ORDER

Based upon the documentation submitted by the parties, the Division has determined that the requestor does not have the right to medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307. For that reason, the amount ordered is \$0.00.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

August 2, 2019
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** form **DWC045M** in accordance with the instructions on the form. The request must be received by the Division within **20** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request 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 §141.1(d).