



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

HOUSTON PHYSICIANS HOSPITAL

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-20-2424-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

June 4, 2020

Response Submitted by:

TEXAS MUTUAL INSURANCE COMPANY

REQUESTOR'S POSITION SUMMARY

"We obtained an authorization for this claim which I have attached a copy of the letter, yet our claim was denied for no authorization. The patient also had a date of service with us for 5-24-2019... and came I [sic] through ther [sic] emergency room and that claim was processed and paid. We appealed our claim to Texas Mutual and they denied the appeal stating that we did not obtain an authorization which we clearly did. We are asking that you have this claim looked at once more."

RESPONDENT'S POSITION SUMMARY

"Texas Mutual Claim [claim number] is in the WorkWell Network. The facility did not obtain preauthorization for services rendered per Rule 134.600... The provider obtained out of network approval from WorkWell, TX... No payment is due."

SUMMARY DISPUTED SERVICES

Date(s) of Service	Disputed Service(s)	Amount in Dispute	Amount Ordered
May 28, 2019	26356-RT, 26377-ORT, 85018-QW, J2250 and J1100	\$26,023.42	\$0.00

FINDINGS AND DECISION

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

Background

- 28 Texas Administrative Code §133.307, sets out the procedures for resolving medical fee disputes.
- 28 Texas Insurance Code Chapter 1305 applicable to Health Care Certified Networks.
- The services in dispute were denied by the respondent with reason code(s)
 - CAC-197 – Precertification/authorization/notification absent
 - 786 – Denied for lack of preauthorization pre preauthorization denial in accordance with the network contract
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

Issue

1. Did the requestor obtain an out of network referral and preauthorization for the disputed services?
2. Is this dispute eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code (TAC) §133.307?

Findings

1. The requestor filed this medical fee dispute to the DWC asking for resolution pursuant to 28 TAC §133.307 titled *MDR of Fee Disputes*. The authority of the DWC to resolve matters involving employees enrolled in a certified health care network is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305 and limited application of TLC statutes and rules, including 28 TAC §133.307.

TIC §1305.106 provides that “An insurance carrier that establishes or contracts with a network is liable for the following **out-of-network** health care that is provided to an injured employee... (3) health care provided by an out-of-network provider pursuant to a referral from the injured employee's treating doctor that has been approved by the network pursuant to Section [1305.103](#).”

TIC §1305.153 (c) provides that “Out-of-network providers who provide care as described by Section 1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation.”

The DWC finds that the requestor obtained an out-of-network referral, dated May 29, 2019 with an approval effective date of May 24, 2019. The disputed services were rendered on May 28, 2019 within the referral timeframe.

Review of the information provided by the requestor, however, did not include a copy of a preauthorization letter for the treatment rendered in the facility on the disputed date of service. The DWC finds that adjudicating the disputed service would involve enforcing a law, regulation, or other provision for the disputed service provided to an in-network injured employee. As a result, the disputed services are not eligible for medical fee dispute resolution. The DWC finds the disputed services are not under the jurisdiction of the DWC and therefore, are not eligible for medical fee dispute resolution under 28 TAC §133.307.

2. The DWC finds that the disputed services were rendered to an in-network injured employee. The TDI rules at 28 TAC §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network. The DWC 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 TIC Subchapter I, §1305.401 - §1305.405 and may be the appropriate administrative remedy to address matters related to health care certified networks.

Conclusion

The DWC would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. Even though all the evidence was not discussed, it was considered. The DWC finds the disputed services are not under the jurisdiction of the DWC and therefore, are not eligible for medical fee dispute resolution under 28 TAC §133.307.

DECISION

Based upon the documentation submitted by the parties, the DWC has determined that this dispute is not eligible for resolution pursuant to 28 TAC §133.307.

Authorized Signature

Signature

Medical Fee Dispute Resolution Manager

June 26, 2020
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 TAC §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 DWC within **twenty** days of your receipt of this decision. The request may be faxed, mailed, or personally delivered to the DWC 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 DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 TAC §141.1(d).