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

Requester Name
MOYA, SAMUEL ZARATE

Respondent Name
TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number
M4-21-0062-01

Carrier's Austin Representative
Box Number 54

MFDR Date Received
September 14, 2020

REQUESTER'S POSITION SUMMARY

"… according to the Texas Labor Code Title 28 Part 2 Chapter 127 Subchapter B Rule 127.140(a)(6) states if the provider IS a part of the network of the claimant that is a disqualifying association, therefore the provider would not be able to conduct the exam on the claimant. Our provider Samuel Z. Moya, DC is not part of the Texas Mutual WorkWell, TX network, therefore he is able to conduct alternate impairment rating on claimants within the WorkWell, TX network."

Amount in Dispute: $350.00

RESPONDENT'S POSITION SUMMARY

"Texas Mutual claim … is in the WorkWell Network … Texas Mutual reviewed its online Network provider directory for the requestor's name and for its tax identification number, and found no evidence MR SAMUEL Z MOYA DC is a participant in that Network. Further, Texas Mutual has no evidence the requestor, a non-network provider, received out of network approval to provide the service or treatment."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 13, 2019	Examination to Determine Maximum Medical Improvement	$350.00	$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement and impairment rating.

3. 28 Texas Insurance Code (TIC) Chapter 1305 applicable to Health Care Certified Networks.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - CAC-243 – Services not authorized by network/primary care providers.
   - D27 – Provider not approved to treat WorkWell, TX network claimant
   - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - DC4 – No additional reimbursement allowed after reconsideration.

Issues

Are the insurance carrier's reasons for denial of payment supported?

Findings

Samuel Z. Moya, D.C. is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating. Dr. Moya argued that this examination "was referred … by the treating doctor for an alternate impairment." A doctor may be authorized to perform this examination when referred by the treating doctor.[1]

Texas Mutual Insurance Company argued that the claim in question is part of a certified health care network. The submitted explanations of benefits dated December 26, 2019, and April 3, 2020, denied payment, because Dr. Moya was not authorized by the certified healthcare network. In its position statement, Liberty Mutual Insurance stated that neither the requester nor the referring doctor was in the claim's certified health care network.

Because the examination in question was not ordered by the DWC, the authority of the DWC is limited by the network rules in 28 TIC, Chapter 1305.[2] The network rules require that the treating doctor must provide health care to the injured worker and shall make referrals to other network providers, or request referrals to out-of-network providers if medically necessary services are not available within the network. **Referrals to out of network providers must be approved by the network**.[3]

The requester has the burden to prove that it obtained the appropriate approved out-of-network referral for the out-of-network healthcare it provided. Dr. Moya presented no evidence that he was referred to perform this examination by the treating doctor on this network claim or that he received authorization from the network to perform the examination.

The DWC concludes that the insurance carrier's denial of payment is supported. No reimbursement is recommended.

Conclusion

For the reasons stated above, the DWC finds that the requester has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the DWC hereby determines the requester is entitled to $0.00 additional reimbursement for the services in dispute.

[1] 28 TAC §130.1 (a)(1)(A)(i)
[2] 28 TAC §133.307; 28 TIC §1305.006
[3] 28 TIC §1305.006; 28 TIC §1305.103

Authorized Signature

		October 14, 2020
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 in accordance with Rule §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 MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **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).

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