



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Stephanie Jones, D.C.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-22-0915-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

January 17, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 30, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating (99456-WP)	\$650.00	\$0.00

Requestor's Position

THE PROVIDER ACCEPTED THIS REFERRAL IN GOOD FAITH FROM THE TREATING DOCTOR & THE INVOLVED PARTIES UTILIZED THE EXAM FINDINGS PLEASE PROCESS FOR PAYMENT

Amount in Dispute: \$650.00

Respondent's Position

Texas Mutual claim ... is in the WorkWell, TX network. Texas Mutual reviewed its online network provider directory for the requestor's name and tax identification number, and found no evidence PACIFIC BILLING SERVICES INC / Stephanie Jones D.C is a network participant ... Stephanie Jones D.C was a physician selected by the treating doctor, who has not previously treated the patient. Additionally, the certifying doctor is not the designated doctor. Therefore, the network requirements apply per Insurance Code 1305.103(e)

Response Submitted by: Texas Mutual Insurance Company

Findings and Decision

Authority

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

Statutes and Rules

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Insurance Code (TIC) Chapter 1305 applicable to Health Care Certified Networks.
3. 28 TAC §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network.

Denial Reasons

The insurance carrier denied the 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

1. Did the requestor obtain an out-of-network referral from the injured employee's treating doctor that was approved by the network?
2. Is this dispute eligible for medical fee dispute resolution (MFDR) under 28 TAC §133.307?

Findings

1. The requestor filed this medical fee dispute to DWC asking for resolution provided by 28 TAC §133.307. The authority of the DWC is to apply Texas Labor Code statutes and rules. This includes 28 TAC §133.307 which is limited to the conditions outlined in the applicable portions of TIC, Chapter 1305. TIC §1305.153 (c) states that "Out-of-network providers who provide care as described by §1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation."

TIC §1305.006 (3) states, in part, that an insurance carrier is required to pay for health care provided to an injured employee covered by a health care network by an out-of-network provider after a referral from the injured employee's treating doctor when the referral has been approved by the network.

TIC §1305.103 (e) states that the treating doctor is required to refer the injured employee to health care providers that are contracted with the same network. If a referral to a health care provider outside of the network is required, the referral must be approved by the network. If the network denies the referral request, the employee may appeal the decision through the network's complaint process.

The requestor therefore has the burden to prove that Stephanie Jones, D.C. was contracted with the network or was approved by the network. The requestor provided no documentation to support that the referral from the treating doctor was approved by the network to evaluate the injured employee.

2. Because the requestor failed to prove that that the requirements of TIC §1305.006 (3) were met, the services in dispute are not eligible for MFDR under 28 TAC §133.307. Medical fee disputes for network claims must be submitted to the network as a complaint.

TDI rules 28 TAC §§10.120 through 10.122 address submission of a complaint to the health care network. DWC finds that a dispute may be filed to the TDI's Complaint Resolution Process, if the health care provider or facility is not satisfied with the result of the network complaint process. The complaint process outlined in TIC §1305.401 - §1305.405 may be the appropriate administrative remedy to address fee matters related to health care certified networks.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent 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 §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 28, 2022

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §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 1-800-252-7031, option 3 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 the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.