

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

SOUTH TEXAS
RADIOLOGY IMAGING

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-22-1279-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

February 25, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 12, 2021	Codes 73723 and A9575	\$765.84	\$0.00

Requestor's Position

"Texas Mutual denied our claim for no authorization. We sent an appeal to say we verified with the Texas Mutual rep no authorization was required for initial enhanced imaging. Our reconsideration request was denied. Please help us with final adjudication of this bill for date of service 4/12/2021."

Amount in Dispute: \$765.84

Respondent's Position

"This claim is in the WorkWell, Tx network and the health care service(s) rendered require preauthorization per Rule 134.600. Texas Mutual has no record that the provider obtained preauthorization."

Response Submitted by: Texas Mutual Workers' Compensation Insurance

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Insurance Code §1305 applicable to Health Care Certified Networks.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- CAC-197 – Precertification/authorization/notification absent
- 786 – Denied for lack of preauthorization or preauthorization denial in accordance with the network contract
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- CAC-193 – Original payment decision is being made. Upon review, it was determined that this claim was processed properly
- DC4 – No additional reimbursement allowed after reconsideration. For information call (888)552-5246
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as request for reconsideration or appeal

Issues

1. Did the out-of-network healthcare provider meet the requirements of Chapter §1305.006?
2. Is this dispute eligible for medical fee dispute resolution (MFDR) pursuant to 28 TAC §133.307?
3. What is the dispute resolution process for disputes that fall under Chapter 1305?

Findings

1. The requestor billed for services code 73723 and A9575 to an injured employee enrolled in a certified healthcare network. The insurance carrier's response indicates that this is a network claim and included an attachment to support the network enrollment for the injured employee. The requestor seeks a decision from the Division's medical fee dispute resolution (MFDR) section as an out-of-network healthcare provider.

The insurance carrier denied/reduced the disputed charges with denial reason code "CAC-197 and 786." (see above)

The requestor filed this medical fee dispute to the Division requesting resolution pursuant to 28 Texas Administrative Code (TAC) §133.307 titled MDR of Fee Disputes. The authority of the Division of Workers' Compensation 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 Texas Labor Code statutes and rules, including 28 Texas Administrative Code §133.307.

Chapter §1305.006 outlines the insurance carrier's liability for out-of-network healthcare and states, "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:

- (1) emergency care;
- (2) health care provided to an injured employee who does not live within the service area of any network established by the insurance carrier or with which the insurance carrier has a contract; and
- (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.

28 TAC §133.2 defines an emergency as, "(5) Emergency--Either a medical or mental health emergency as follows: (A) a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the patient's health or bodily functions in serious jeopardy, or (ii) serious dysfunction of any body organ or part; (B) a mental health emergency is a condition that could reasonably be expected to present danger to the person experiencing the mental health condition or another person."

Review of the medical records document that the injured employee was seen by South Texas Radiology Imaging Center on April 12, 2021 for a MR ankle wo/w contrast to the left side. The DWC finds that the medical records do not document an "emergency" as defined pursuant to 28 TAC §133.2. As a result, the disputed services were rendered by an out-of-network health care provider to an in-network injured employee.

2. The requestor billed for service codes 73723 and A9575 on April 12, 2021. The insurance carrier denied the disputed services with denial reason code(s): "CAC-197 and 786." The issue is whether the out of network healthcare provider was required to obtain preauthorization through the network for non-emergency services. The DWC finds that adjudicating the disputed service would involve enforcing a law, regulation, or other provision for the disputed service(s), provided to an in-network injured employee. The DWC finds the disputed services are not under the jurisdiction of the DWC and therefore, are not eligible for medical fee dispute resolution pursuant to 28 TAC §133.307.
3. 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 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 requestor 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 29, 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.

