



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

JOSHUA AUZENNE, DC

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-23-1109-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

January 12, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 30, 2022 through January 3, 2023	99203, 97032, 72040, 72100, 98941, 97012, 73560, 97110, and 99212	\$3,813.00	\$0.00
Total		\$3,813.00	\$0.00

Requester's Position

"The requestor did not submit a position summary for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review."

Amount in Dispute: \$3,813.00

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. Health care providers can refer to network preauthorization requirements... The billing and documentation were reviewed and from that review Texas Mutual concluded the treatment is unrelated to the compensable injury. Until the issue of compensability has been finally adjudicated no payment is due."

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §133.305 sets out the procedures for resolving medical disputes
3. Texas Insurance Code (TIC) Chapter 1305 applies to health care certified networks.

Denial Reason(s)

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment code(s):

- CAC-18 & 214 – Exact duplicate claim service.
- 718 – A denial was made because the provider and or different provider has billed for the services.
- CAC-197 – Precertification/authorization notification absent.
- 214 – Duplicate charge.
- 786 – Denied for lack of preauthorization or preauthorization denied in accordance with the network contract.
- CAC-219 – Based on extent of injury.
- 246 – The treatment/service has been determined to be unrelated to the extent of injury. Final adjudication has not taken place.
- 350 & W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration.
- DC4 – No additional reimbursement allowed after reconsideration for information call...
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 514 – Manipulation Code/number of regions billed is inconsistent with the compensable injury.
- 235 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- CAC-150 – Payer deems the information submitted does not support this level of service.
- CAC-16 – Claim service lacks information or has submission/billing errors which is needed for adjudication.
- 715 – Service rendered is integral to service requiring preauthorization or DOS exceeds preauth, additional preauth or extension not on record.
- 714 – E/M services may be reported only if the patient's condition requires a significant separately identifiable E/M service.
- 914 – Manipulation code number or regions billed is inconsistent with the compensable injury.

Issues

1. Are the disputed services eligible for review by Medical Fee Dispute Resolution?

2. Is the insurance carrier liable for the out-of-network healthcare in dispute?

Findings

1. The requestor seeks reimbursement for professional medical services provided on August 30, 2022 through January 3, 2023. The services in dispute were denied by the workers' compensation carrier due to an unresolved extent of injury dispute. The extent of injury denial was timely presented to the requestor in the manner required by 28 TAC §133.240. The carrier's explanation of benefits was timely presented to the requestor in the manner required by 28 TAC §133.240.

The service in dispute contains an unresolved extent-of-injury issue. For that reason, this matter is not eligible for adjudication of a medical fee under 28 TAC §133.307.

You may seek to resolve the extent issue presented here by following the dispute process outlined in Texas Labor Code Chapter 410 and corresponding 28 TAC §141.1. For your convenience, a copy of the DWC Form-045, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC)* is attached.

DWC concludes that an unresolved extent of injury issue exists for the service(s) in dispute. MFD is not the proper venue for resolution of an extent-of-injury dispute.

The requestor is hereby notified that the correct venue for resolution of an extent-of-injury dispute is found at Texas Labor Code Chapter 410, and corresponding 28 TAC §141.1.

To initiate resolution of an extent-of-injury dispute, the requestor should complete and file a DWC Form-045, *Request to Schedule, Reschedule, or Cancel a BRC*.

2. The dispute concerns professional services provided on August 30, 2022 through January 3, 2023. Per the submitted documentation and from information known to the division, the injured employee's claim is within the certified healthcare network. The requestor is not within the certified healthcare network. The requestor provided out-of-network healthcare.

The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code (TLC) legislation and rules. The requirements mentioned in the relevant sections of the TIC, Chapter 1305, are applicable to the DWC's ability to apply TLC legislation and rules, including 28 TAC §133.307. TIC §1305.153 (c) provides 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 titled *INSURANCE CARRIER LIABILITY FOR OUT-OF-NETWORK HEALTH CARE*, states, "An insurance carrier that establishes or contracts with a network is liable for the following out-of-network healthcare 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 §1305.103.”

The requestor therefore has the burden to prove that the condition(s) outlined in the TIC §1305.006 were met for the insurance carrier to be liable for the disputed services. The requestor has submitted insufficient documentation to prove that any of the conditions outlined in TIC §1305.006 applied to the disputed services.

DWC concludes that the requestor failed to demonstrate that any of the conditions of TIC §1305.006 were met in this dispute. As a result, the DWC finds that the insurance carrier is not liable for the out-of-network healthcare in dispute.

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 dispute may be filed to TDI’s 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 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. The Division concludes that the insurance carrier is not liable for the disputed services.

Order

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

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	May 23, 2023 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 managing 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 512-804-4812.