



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requester Name**

METHODIST DALLAS CENTER

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-23-1830-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

March 24, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 12, 2022	27827	\$24,449.51	\$0.00
<b>Total</b>		\$24,449.51	\$0.00

### Requester's Position

"This bill and appeal have been underpaid... Texas Mutual has denied the initial bill and a reconsideration. The physician obtained the network authorization, which should have covered the facility. Further, claims that are billed in good faith and not paid with 45 days, will result in a complaint being filed with the Texas Department of Insurance."

**Amount in Dispute:** \$24,449.51

### Respondent's Position

"This claim is in the WorkWell, TX network. Texas Mutual has reviewed the network provider directory for the provider's name and tax identification number and confirmed no record of METHODIST DALLAS MEDICAL CENTER as a participant. As an out-of-network provider, approval is required before rendering service or treatment. Texas Mutual did not receive or find any evidence of out-of-network approval obtained by the requestor... Since this fee reimbursement dispute involves a network requirement under the Insurance Code rather than the Labor Code, Texas Mutual believes this dispute is outside the jurisdiction of DWC MDR. Our position is that 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. 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):

- 243 – Services not authorized by network primary care providers.
- W3 & 350 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.
- D27 – Provider not approved to treat WorkWell, TX network claimant, for network information call (888) 532-5246.
- DC4 – No additional reimbursement allowed after reconsideration.

## **Issues**

1. Did the requester obtain a referral from the certified network to treat the injured employee?
2. Is this disagreement subject to the 28 TAC §133.307 medical fee dispute procedure?

## **Findings**

1. According to 28 TAC §133.307, the requestor submitted this medical fee dispute disagreement to the DWC for resolution. 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 to be eligible for dispute resolution. The following are the DWC's findings.

TIC §1305.103 requires that "(e) A treating doctor shall provide health care to the employee for the employee's compensable injury 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. The network shall approve a referral to an out-of-network provider not later than the seventh day after the date on which the referral is requested, or sooner if circumstances and the condition of the employee require expedited approval. If the network denies the referral request, the employee may appeal the decision through the network's complaint process under Subchapter I."

2. The requestor has the burden to prove that it obtained the appropriate approved out-of-network referral for the out-of-network healthcare it provided. The requestor presented insufficient proof and/or no documentation to support that a referral was acquired from the treating doctor and approved by the network to treat the injured employee. Review of the submitted documentation finds that the requestor failed to meet the requirements of TIC §1305.103.

The DWC concludes that the requestor failed to demonstrate that the conditions of TIC §1305.006 were met in this situation. As a result, the disputed services are not subject to MFDR under 28 TAC §133.307.

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 disputed issues are not subject to 28 TAC §133.307, medical fee dispute resolution procedure.

## Order

According to 28 TAC §133.307, the Division concludes that the requestor failed to demonstrate that the conditions of TIC §1305.006 were met in this situation, as a result, the requestor is entitled to \$0.00 for the disputed services.

### Authorized Signature

_____	_____	June 27, 2023
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 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](http://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](mailto: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.