



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Mark R. Bronson, D.C.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-24-0195-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

September 26, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 26, 2023	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$950.00	\$0.00

### Requestor's Position

"... Received EOB Denial saying services not authorized by network provider and, provider not approved to treat Workwell network claimant ... I explained there was no treatment, just MMI/IR exam and reminded her she gave verbal approval for the service."

**Amount in Dispute:** \$950.00

### 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 MARK R BRONSON DC PC 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."

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §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](#) governs workers' compensation health care networks.

### 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.

### Issues

1. Are the disputed services out-of-network health care?
2. Under what conditions is the insurance carrier liable for out-of-network health care?
3. Is the insurance carrier liable for the disputed services?

### Findings

1. The requestor, Mark R. Bronson, D.C., submitted a medical fee dispute to DWC for resolution according to 28 TAC §133.307. The dispute concerns an examination to determine maximum medical improvement and impairment rating performed by the requestor on April 26, 2023. Per the submitted documentation and from information known to DWC, the injured employee's claim is within the WorkWell network. The requestor is not within the WorkWell network. As a result, the requestor provided out-of-network health care to the injured employee.
2. The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code statutes and Texas Administrative Code rules, including 28 TAC §133.307. The requirements mentioned in the relevant sections of TIC, Chapter 1305, are applicable to the DWC's ability to apply the TLC statutes and DWC rules for out-of-network health care. 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 which addresses 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.”

3. The requestor has the burden to prove that the conditions outlined in TIC §1305.006 were met for the insurance carrier to be liable for the disputed services.

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

### 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 reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

December 8, 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](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 handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three 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 1-800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).