



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requester Name**

HUNG BA NGUYEN, MD

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**MFDR Tracking Number**

M4-24-0615-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

November 14, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 18, 2023	73221	\$757.00	\$0.00
<b>Total</b>		\$757.00	\$0.00

### Requester's Position

"I am requesting that the date of service for the MRI left elbow for [injured employee] be changed. I accidentally[sic] forgot to get authorization before procedure was done on 7-18-23. Can this date please be modified? I submitted to Genex and received approved request on 9-18-23 Review # 6172636."

**Amount in Dispute:** \$757.00

### 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. The provider did not request preauthorization prior to the MRI. Preauth 6173626 has a start date of 9/18/23, which is after the date of service. Health care providers can refer to network preauthorization requirements at [texasmutual.com/provider-preauth](https://texasmutual.com/provider-preauth)."

**Response Submitted by:** Texas Mutual Insurance Company

## 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 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):

- A16 – THE REIMBURSEMENT FOR HEALTH CARE SERVICES AR SUBJECT TO WORKWELL, TX CONTRACTS, A CERTIFIED WC HCN (INS CODE CH. 1305)
- CAC131 – CLAIM SPECIFIC NEGOTATED DISCOUNT.
- CAC197 - PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
- 786 - DENIED FOR LACK OF PREAUTHORIZATION OR PREAUTHORIZATION DENIAL IN ACCORDANCE WITH THE NETWORK CONTRACT.

### **Issues**

1. What is the network status for the injured employee and the healthcare provider?
2. Do the services meet one of the conditions outlined in TIC 1305.006?
3. Is the insurance carrier liable for the disputed services?

### **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.

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 indicate that a referral was acquired from the treating doctor and approved by the network to treat the injured employee, according to a review of the submitted documentation. The DWC concludes that the requestor thereby has 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.

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

\_\_\_\_\_  
January 12, 2024  
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 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.