

1           **SUBCHAPTER R. UTILIZATION REVIEWS FOR HEALTH CARE PROVIDED UNDER A HEALTH**  
2                           **BENEFIT PLAN OR HEALTH INSURANCE POLICY - 28 TAC §19.1714 and**  
3           **SUBCHAPTER U. UTILIZATION REVIEWS FOR HEALTH CARE PROVIDED UNDER WORKERS'**  
4                           **COMPENSATION INSURANCE COVERAGE - 28 TAC §19.2014**

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6           **EXPLANATION.** SB 784 repeals Insurance Code §4201.204(c) requiring utilization review agents  
7 to submit to the commissioner summary reports of all complaints, adverse determinations, and  
8 appeals of adverse determinations. The amendments to §19.1714(a)-(c) and §19.2014(a)-(c)  
9 remove the requirement for the summary reports.

10  
11           **TEXT.**

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13           **§19.1714. Regulatory Requirements Subsequent to Certification or Registration.**

14                   (a) ~~[Summary report to TDI. By March 1 of each year, each URA certified or registered~~  
15 ~~under this subchapter must submit to TDI through TDI's internet website a complete summary~~  
16 ~~report of information related to complaints, adverse determinations, and appeals of adverse~~  
17 ~~determinations.]~~

18                   ~~[(b) Contents of summary report. The summary report required by this section must~~  
19 ~~cover reviews performed by the URA during the preceding calendar year and must include:]~~

20                                 ~~[(1) the total number of written notices of adverse determinations;]~~

21                                 ~~[(2) a listing of appeals of adverse determinations, by the medical condition that~~  
22 ~~is the source of the dispute using the approved physical diagnosis or DSM-IV (mental health~~  
23 ~~diagnosis) coding that is in effect at the time, or successor codes and modifiers, and by the~~  
24 ~~treatment in dispute, if any, using CPT (procedure) code or other relevant procedure code if a~~  
25 ~~CPT designation is not available, or any other nationally recognized numerically codified~~  
26 ~~diagnosis or procedure;]~~

27                                 ~~[(3) the classification of appellant, for example, "health care provider" or~~  
28 ~~"enrollee";]~~

29                                 ~~[(4) the disposition of the appeal of adverse determination (either in favor of~~  
30 ~~the appellant, or in favor of the original utilization review determination) at each level within~~  
31 ~~the internal utilization review process; and]~~

1                   ~~[(5) the subject matter of any complaint filed with the URA.]~~

2                   ~~[(c) Complaints included in the summary report. Complaints listed in the summary~~  
3 ~~report under subsection (b)(5) of this section must be categorized as follows:]~~

4                   ~~[(1) administration, for example, copies of medical records not paid for, too~~  
5 ~~many calls or written requests for information from provider, or too much information~~  
6 ~~requested from provider;]~~

7                   ~~[(2) qualifications of URA's personnel; or]~~

8                   ~~[(3) appeal or complaint process, for example, the treating physician is unable to~~  
9 ~~discuss plan of treatment with utilization review physician, no notice of adverse determination,~~  
10 ~~no notice of clinical basis for adverse determination, or written procedures for appeal not~~  
11 ~~provided.]~~

12                   ~~[(d)]~~Complaints to TDI. Complaints received by TDI against a URA must be processed  
13 under TDI's established procedures for investigation and resolution of complaints.

14                   ~~[(b)]~~~~[(e)]~~ TDI inquiries. TDI may address inquiries to a URA related to any matter  
15 connected with URA transactions that TDI considers necessary for the public good or for the  
16 proper discharge of TDI's duties. Under Insurance Code §38.001, a URA that receives an inquiry  
17 from TDI must respond to the inquiry in writing not later than the 15th~~10th~~ day after the date  
18 the inquiry is received.

19                   ~~[(c)]~~~~[(f)]~~ On-site review by TDI. For scheduled and unscheduled on-site reviews, TDI may  
20 make a complete on-site review of the operations of each URA at the principal place of business  
21 for each agent as often as is deemed necessary. An on-site review will only be conducted during  
22 work~~working~~ days and normal business hours. The URA must make available all records  
23 relating to its operation during any scheduled and unscheduled on-site review.

24                   (1) Scheduled on-site reviews. URAs will be notified of any scheduled on-site  
25 review by letter, which will specify, at a minimum, the identity of TDI's designated  
26 representative and the expected arrival date and time.

27                   (2) Unscheduled on-site reviews. At a minimum, notice of an unscheduled on-  
28 site review of a URA will be in writing and be presented by TDI's designated representative on  
29 arrival.

30

1 **§19.2014. Regulatory Requirements Subsequent to Certification or Registration.**

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3 ~~under this subchapter must submit to TDI through TDI's Internet website a complete summary~~  
4 ~~report of information related to complaints, adverse determinations, and appeals of adverse~~  
5 ~~determinations.]~~

6 ~~[(b) Content of summary report. The summary report required by this section must~~  
7 ~~cover reviews performed by the URA during the preceding calendar year and must include:]~~

8 ~~[(1) the total number of written notices of adverse determinations;]~~

9 ~~[(2) a listing of adverse determinations for preauthorization, by the medical~~  
10 ~~condition and treatment using the physical diagnosis or DSM-IV (mental health diagnosis) coding~~  
11 ~~that is in effect at the time, or successor codes and modifiers, and CPT (procedure) code or~~  
12 ~~other relevant procedure code if a CPT designation is not available, or any other nationally~~  
13 ~~recognized numerically codified diagnosis or procedure;]~~

14 ~~[(3) the classification of the party requesting review, for example, a health care~~  
15 ~~provider; injured employee; or their representative;]~~

16 ~~[(4) the disposition of the appeal of adverse determination (either in favor of~~  
17 ~~the appellant, or in favor of the original utilization review determination) at each level within~~  
18 ~~the internal utilization review process; and]~~

19 ~~[(5) the subject matter of any complaint filed with the URA.]~~

20 ~~[(c) Complaints included in summary report. Complaints listed in the summary report~~  
21 ~~under subsection (b)(5) of this section must be categorized as follows:]~~

22 ~~[(1) administration, for example, copies of medical records not paid for, too~~  
23 ~~many calls or written requests for information from provider, and too much information~~  
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25 ~~[(2) qualifications of URA's personnel; or]~~

26 ~~[(3) appeal or complaint process, for example, a treating physician unable to~~  
27 ~~discuss the plan of treatment with a utilization review physician; no notice of adverse~~  
28 ~~determination; no notice of clinical basis for adverse determination; or written procedures for~~  
29 ~~appeal not provided.]~~

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3 discharge of TDI's duties. Under Insurance Code §38.001, a URA that receives an inquiry from  
4 TDI must respond to the inquiry in writing not later than the 15th~~10th~~ day after the date the  
5 inquiry is received.

6           **(c)[(f)]** TDI-DWC inquiries. This section does not limit the ability of the commissioner of  
7 workers' compensation or TDI-DWC to make inquiries, conduct audits, or receive and investigate  
8 complaints against URAs or personnel employed by or under contract with URAs to perform  
9 utilization review to determine compliance with or violations of Labor Code Title 5, the  
10 Insurance Code, or applicable TDI-DWC rules.

11           **(d)[(g)]** On-site review by TDI. For scheduled and unscheduled on-site reviews, TDI may  
12 make a complete on-site review of the operations of each URA at the principal place of business  
13 for each agent as often as is deemed necessary. An on-site review will only be conducted during  
14 working days and normal business hours. A URA must make available all records relating to its  
15 operation during any scheduled or unscheduled on-site reviews.

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