



CERTIFIED WORKERS' COMPENSATION

»»»» *Health Care Networks* ««««



Division of Workers' Compensation

Day 7





CERTIFIED WORKERS' COMPENSATION

Health Care Networks



Learning Objectives

- Learn what a certified workers' compensation health care network is.
- Know how to find networks in your area and how to apply to become a network provider.
- Understand the importance of intake in identifying network status of the injury.



Certified Workers' Compensation Health Care Networks

Division of Workers'
Compensation
2025

Disclaimer

This presentation is for educational purposes only and provides general information. It is not a substitute for a full review of statutes and rules.

System participants are responsible for knowing and complying with the applicable sections of the [Texas Insurance Code](#) (Insurance Code), [Texas Labor Code](#) (Labor Code), and [Texas Administrative Code](#) (TAC).

Any opinions expressed by the speakers are personal and do not constitute or reflect any statement of policy by the Texas Department of Insurance, Division of Workers' Compensation (DWC).





Overview

Network:

Preauthorization requirements.

Medical billing and reimbursement.

Dispute resolution.

Report cards.

What is a certified workers' compensation health care network?

Insurance Code

Chapter 1305. Workers' Compensation Health Care Networks

Labor Code

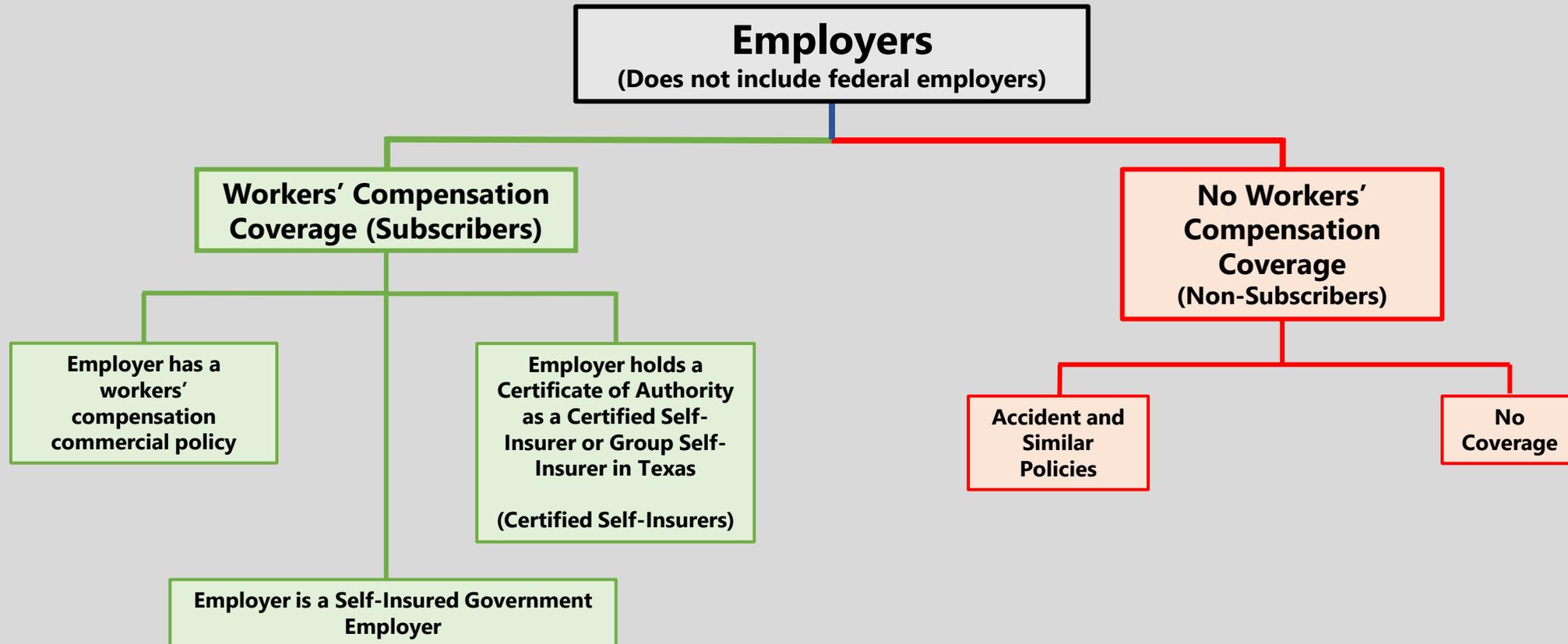
Sec. 408.031. Workers' Compensation Health Care Networks

A network is an organization that is:

- Formed as a health care provider network to provide health care services to injured employees of covered employers.
- Certified by the Texas Department of Insurance.
- Established by or operates under contract with an insurance carrier.

Texas Workers' Compensation Coverage

Labor Code Sec. 406.002 Coverage Generally Elective



Employer Participation in Network

A covered employer may contract with an insurance carrier to provide health care services for injured employees through a workers' compensation health care network.

Currently, 50% of all new Texas claims are network claims.

Health Care Services for Injured Employees

**Certified Workers'
Compensation Health
Care Network Contracts**

**Insurance Code
Ch. 1305.**

(Network Claims)

**DWC
Non-Network
Health Care**

**Labor Code
Ch. 408. and Ch. 413.**

(Non-Network Claims)

**Public Employers
Intergovernmental Risk
Pools**

**Labor Code
Sec. 504.053.**

**(Network; Non-Network;
or Direct Contracts with
HCPs)**

Find a Network

Insurance

Home

Injury

Workers' Compensation

Health Care Providers

Carriers

Health care provider resources

Finding information quickly is a must for busy doctors and medical office staff. Our new health care provider

Search for a network on DWC's website by:

- Name.
- Texas county (networks cover all 254 counties in Texas).

• [Get help with a claim \(dial 800-252-7031\)](#)

• [Find a doctor](#)

• [Make my workplace safer](#)

• [File a complaint](#)

• [Report fraud](#)

• [Learn about dispute resolution](#)

• [Learn about workers' compensation](#)

• [Park for a hearing or meeting at the Barbara Jordan Building](#)

• [Find a form](#)

• [Use TXCOMP](#)

• [Workers' compensation A-Z](#)



Insurance		State Fire Marshal		Workers' Compensation	
Home	Injured Employees	Empleados Lesionados	Employers	Health Care Providers	Carriers

Health care provider resources

Finding information quickly is a must for busy doctors and medical office staff. Our new health care provider webpage is designed with that in mind.

- Information organized around your needs.
- Find workers' comp resources more quickly.
- Enjoy easier navigation.

[Take it for a drive.](#)

I want to ...

- [Report my injury](#)
- [Get help with a claim \(dial 800-252-7031\)](#)
- [Find a doctor](#)
- [Make my workplace safer](#)
- [File a complaint](#)
- [Report fraud](#)
- [Learn about dispute resolution](#)
- [Verify employer coverage](#)
- [Learn about workers' compensation](#)
- [Park for a hearing or meeting at the Barbara Jordan Building](#)
- [Find a form](#)
- [Use TXCOMP](#)
- [Workers' compensation A-Z](#)

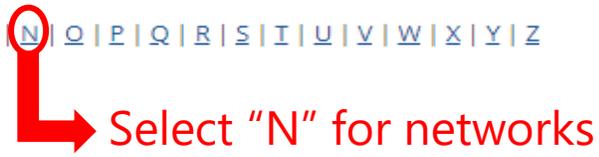
Home > [Workers' Compensation](#) > Workers' Compensation topics A - Z

- About DWC
- Commissioner of Workers' Compensation
- Executive staff contacts
- Disciplinary orders
- Bulletins
- Rules
- Public hearings
- Open records
- Data calls
- Forms
- Memos to system participants
- Reports
- Gifts, grants, and donations
- News
- Calendar
- Jobs
- Contact us
- Topics A - Z

Workers' Compensation topics A - Z

(Topic listing for all of TDI)

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)



N

- [NCCI manual rule filings](#)
- ["N" drug list \(ODG Appendix A\)](#)
- [Networks, Certified Workers' Compensation Health Care](#)
- [Networks, informal and voluntary](#)
- [News releases/articles](#)
- [Non-fatal injury and illness data](#)
- [Non-subscribers \(Non-covered employers\) | Non-subscribers list](#)
- [Notice of data security event](#)
- [Notices](#)
- [Return to top](#)

Financial Regulation

Holding Company Filings

Financial Analysis

Managed Care Quality Assurance

Rehabilitation & Liquidation

Special Deputy Receivers

Download Company List

Submit an Open Records Request

HMO Information

HMO Licensing

Applicant Expectations

Data Calls

Glossaries

Forms

Industry

Title

Workers' Compensation Health Care Networks (WCNet)

The Texas Department of Insurance regulates Texas Workers' Compensation Health Care Networks. These networks provide health care services to injured employees through certified health care networks. The MCQA office is responsible for the certification and regulation of the health care networks. In Texas, an employer may elect to use, but is not required to use, a certified workers' compensation network.

Latest News

- [2024 WCNet Report Card](#) | [technical appendix](#) | [snapshot](#)
- [2022 WCNet Report Card](#) | [technical appendix](#) | [snapshot](#)
- [2021 WCNet Report Card](#) | [technical appendix](#) | [snapshot](#)
- [2020 WCNet Report Card](#) | [technical appendix](#) | [snapshot](#)
- [2019 WCNet Report Card](#) | [snapshot](#)
- [2018 WCNet Report Card](#)

Information for Injured Employees

- [How do I find a certified WCNet?](#)
- [How do I request a review by an IRO?](#)
- [Return to work program](#)
- [Notify TDI of any communication you receive from a network about complaint contact changes](#)
- [More information for injured employees](#)

Information for Carriers/Networks

- [Do I need to become a certified WCNet?](#)
- [How do I become a certified WCNet?](#)
- [What are my responsibilities as a certified WCNet?](#)

Find a Network in Your Area

How do I find a certified WCNet?

Below you will find links to county maps and a current list of the certified WCNets in Texas as well as other useful information. Whether you know what WCNet you are looking for or just doing some research, the links provided below will help you find what you need.

- [List of certified Workers' Compensation Networks](#)
- [Certified WCNet County Search](#)
- [All Network Coverage Map](#)



How can my health care provider join a network?

- Find networks that operate in or cover employers in your geographic area.
- Create or update your health care provider's DWC TXComp profile:
 - ✓ Addresses.
 - ✓ Training and certifications.
 - ✓ Financial disclosures (for health care practitioners).
 - ✓ Any other information.

How can my treating doctor join a network?

Start with the [Become a Texas workers' compensation treating doctor checklist](#).



Become a Texas workers' compensation treating doctor checklist

- 1. Doctor's license.**
 - Doctor's license must be in good standing with the licensing board.
 - Doctor's license must be in good standing with the Texas Department of Insurance, Division of Workers' Compensation (DWC).
- 2. TXCOMP health care practitioner profile.**
 - Look up whether you have a health care practitioner profile in the [DWC TXCOMP database](#).
 - If you don't have a profile, create one in [TXCOMP](#).
 - If a profile exists, make sure all your information is current.
 - If you need help updating your profile (forgot password or TXCOMP user ID), see "Get Help" on the [DWC TXCOMP webpage](#).
- 3. Financial disclosure is required.**
 - Review the fast facts on [Financial Disclosure](#).
 - Report any financial disclosure information in your TXCOMP profile.

Providing treatment for non-network injuries.

- If you have taken steps 1-3, and the injured employee's claim is non-network, you may treat.
- Review [28 Texas Administrative Code \(TAC\) Section 180.22, Health Care Providers Roles and Responsibilities](#), for treating doctor information.
- Review [28 TAC Section 137.100, Treatment Guidelines](#), for evidence-based treatment guidelines for non-network injuries.
- Review [28 TAC Section 137.10, Return to Work Guidelines](#), for determining return-to-work criteria for non-network injuries.

TDI Division of Workers' Compensation Revised 6/24

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TDI | Division of Workers' Compensation Revised 6/24

Providing treatment for certified workers' compensation health care network injuries.

- If you have taken steps 1-3, and the injured employee's claim is in a certified workers' compensation health care network, you must have a contract with the network unless an emergency or special out-of-network permission is granted by the network in writing before treating a network injury.
- See the webpage on ["What are the WCNet credentialing requirements?"](#)
- Contact the individual networks directly for that specific network's credentialing requirements.
- To find a network operating in your location, see webpage on ["How do I find a certified WCNet?"](#)
- Review [28 TAC Section 10.84, Treating Doctor](#), for treating doctor information.
- Find reimbursement, preauthorization requirements, and treatment and return-to-work guidelines in your network contract.

Changing treating doctors.

- If you are accepting an injured employee's non-network injury as the new treating doctor, you must sign the [Employee Request to Change Treating Doctor](#) form initiated by the injured employee.
- If you are accepting an injured employee's network injury, check your network contract for instructions and see [28 TAC Section 10.85, Selection of Treating Doctor; Change of Treating Doctor](#).

Stay connected.

- Call 800-252-7031, option 3.
- Email CompConnection@tdi.texas.gov.
- [Sign up](#) to get health care provider news by email.



CompConnection
for Health Care Providers
CompConnection@tdi.texas.gov
(800) 252-7031, opt. 3

TDI | Division of Workers' Compensation Revised 6/24

How can my health care provider join a network?

- The initial credentialing process begins when a health care provider submits a completed [LHL234 - Texas Standardized Credentialing Application](#) to the network they wish to participate in.*

- Texas is not an "any willing provider" state. The network is not required to contract with a health care provider applicant.

***Do not send your application to TDI. Send it directly to the network.**

How can my health care provider join a network?

- The network's credentialing committee must complete initial credentialing within 180 calendar days before the applicant is deemed a credentialed provider.
- The network credentialing committee must notify the applicant of their decision no later than 60 days after making the decision.
- The network is required to recredential each participating credentialed provider every three years.

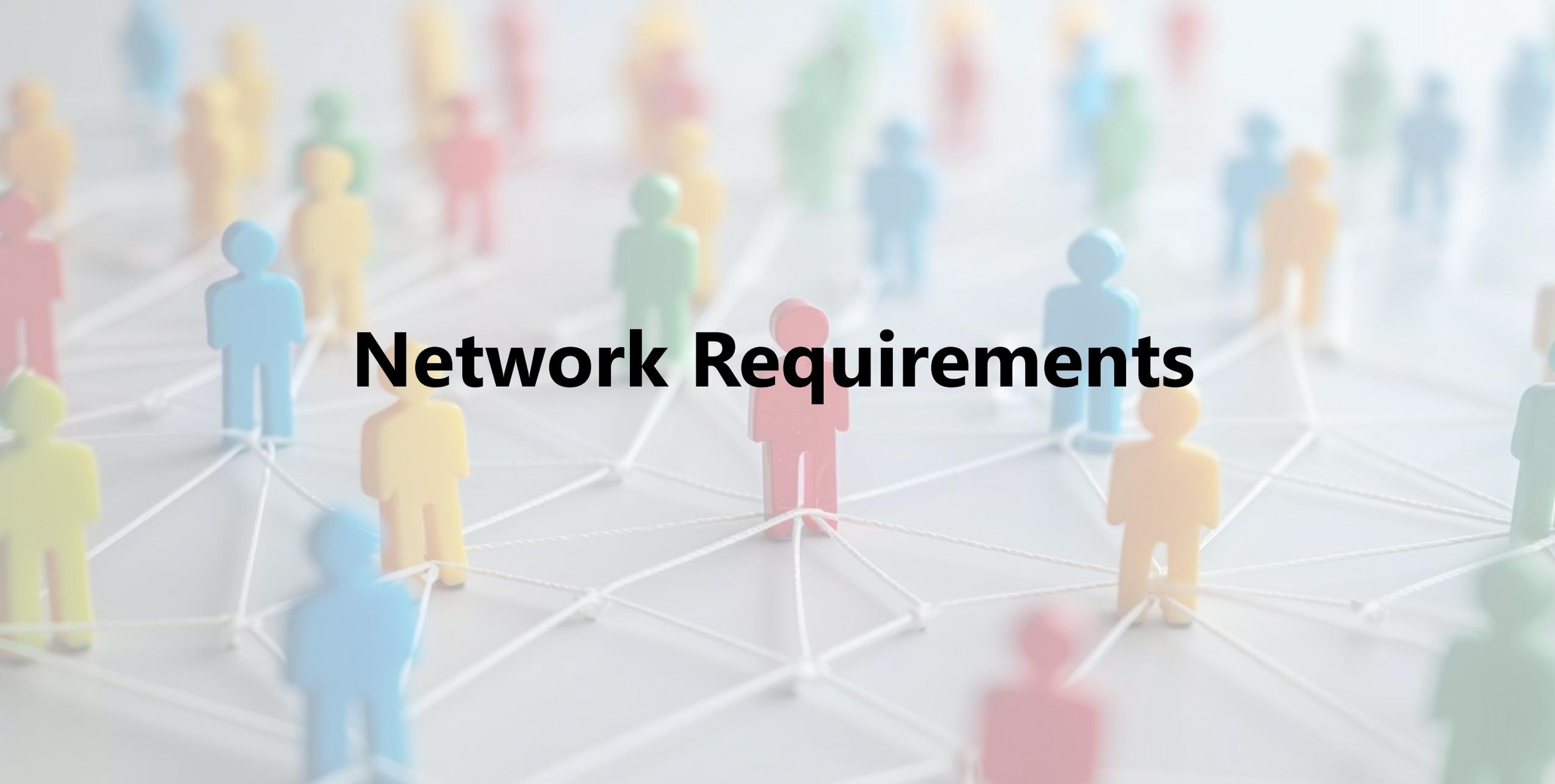
How can my health care provider join a network?

Do not send your application to TDI. Send it to the individual network.

Under 28 TAC Sec. 10.82., Credentialing, a health care provider has the right to review the information submitted to support the credentialing application, correct erroneous information, and be informed of the status of their credentialing or recredentialing application.

How can my health care provider join a network?

- All networks must document, create policies and procedures, and develop written criteria for credentialing network providers.
- Credentialing procedures are part of the network's "Work Plan" as outlined in 28 TAC Sec. 10.81., Quality Improvement Program (Quality Improvement Plan is reported annually).
- The network's credentialing committee will verify information, which may involve an on-site visit.

A network of colorful human icons (blue, yellow, red, green) connected by white lines, symbolizing a network or community. The icons are arranged in a grid-like pattern, with lines connecting them to form a mesh. The background is a light, neutral color.

Network Requirements

Notice of Network Requirements

The **insurance carrier** notifies the employer of network requirements.

The **employer**:

- Gets a signed acknowledgement from each employee that they each received network information and requirements.
- Posts notice of the network requirements at the place of employment.
- Notifies the injured employee of the network requirements at the time the employer receives notice of the injury.

Insurance Code Sec. 1305.005. Participation in Network; Notice of Network Requirements

Injured Employee Requirements

The **injured employee** must select a treating doctor from the network's list of contracted doctors.

- The network may decide the specialties of doctors to serve as treating doctors.
- The injured employee is entitled to the initial choice.



Injured Employee Requirements

- The **injured employee** may select an alternate treating doctor from the network's list of contracted doctors.

- The **network** may not deny the injured employee's selection of an alternate network doctor. The network must authorize subsequent requests.



Injured Employee Requirements

The **injured employee**:

- May be liable for payment for nonemergency health care from an out-of-network provider without network approval.
- Is not required to comply with network requirements until receiving the notice of requirements.

The **insurance carrier** is liable for paying medical care until the employee receives the notice.



Treating Doctor Requirements

The **treating doctor** must:

- Provide health care to the employee for their compensable injury.
- Make referrals to other network providers, or request referrals to out-of-network providers if medically necessary services are not available within the network.
- Follow the network's preauthorization requirements.
- Follow the network's adopted treatment and return-to-work guidelines identified in the contract.
- Participate in the medical case management process as required by the network, including participating in return-to-work planning.



Network Accessibility and Availability Requirements

The **provider panel** must:

- Include an adequate number of treating doctors, specialists, and other types of health care providers who must be available 24/7 within the network service area.
- Arrange for non-network or out-of-network services if a skill or specialty is not available within the network service area.

Network Accessibility and Availability Requirements

- Hospital services, including general, special, and psychiatric hospitals, must be available 24/7 within the network service area.

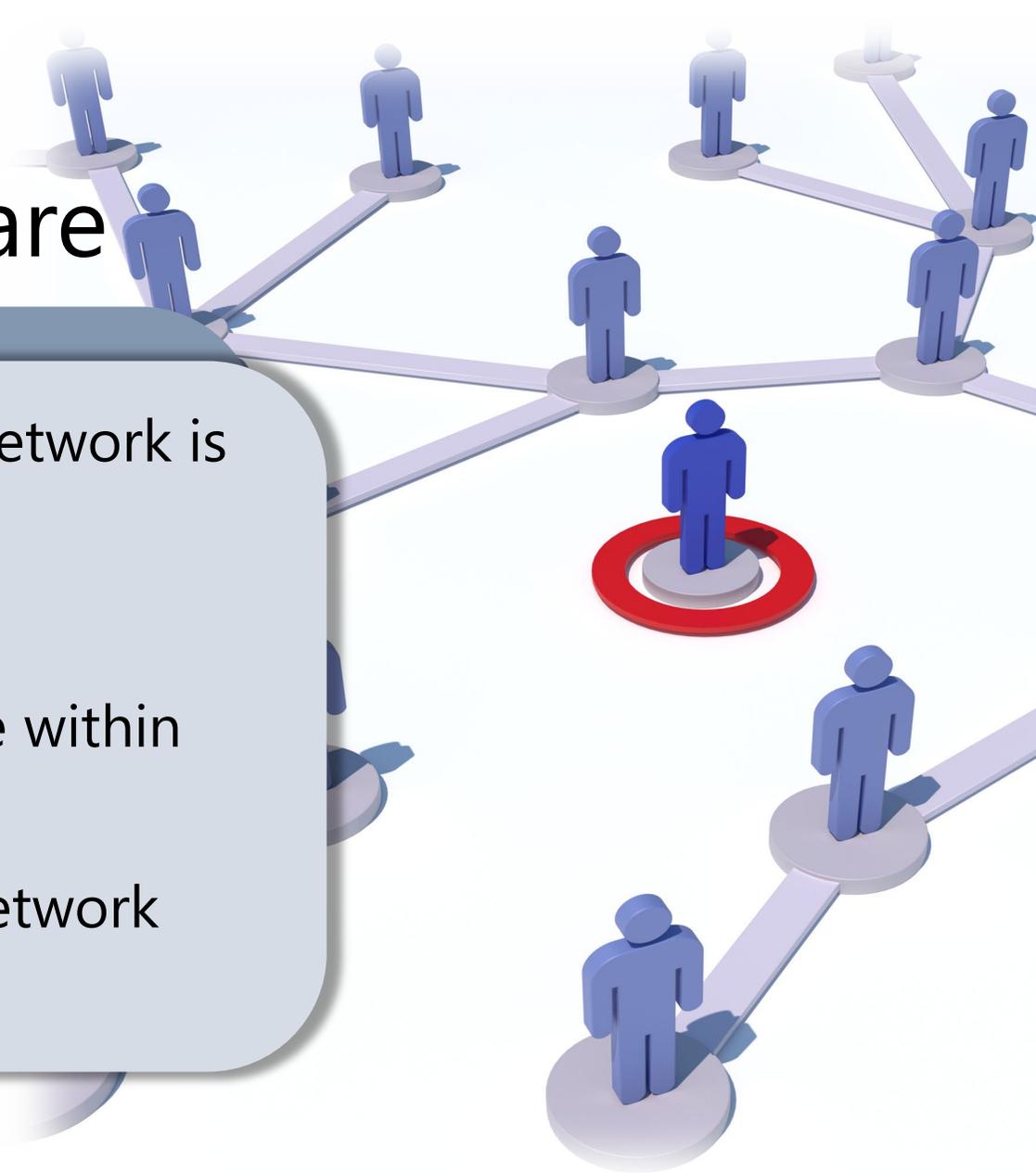
- Emergency care must be available and accessible 24/7 without restrictions where the services are rendered.



Network Liability for Out-of-Network Health Care

An insurance carrier that contracts with a network is liable for out-of-network health care for:

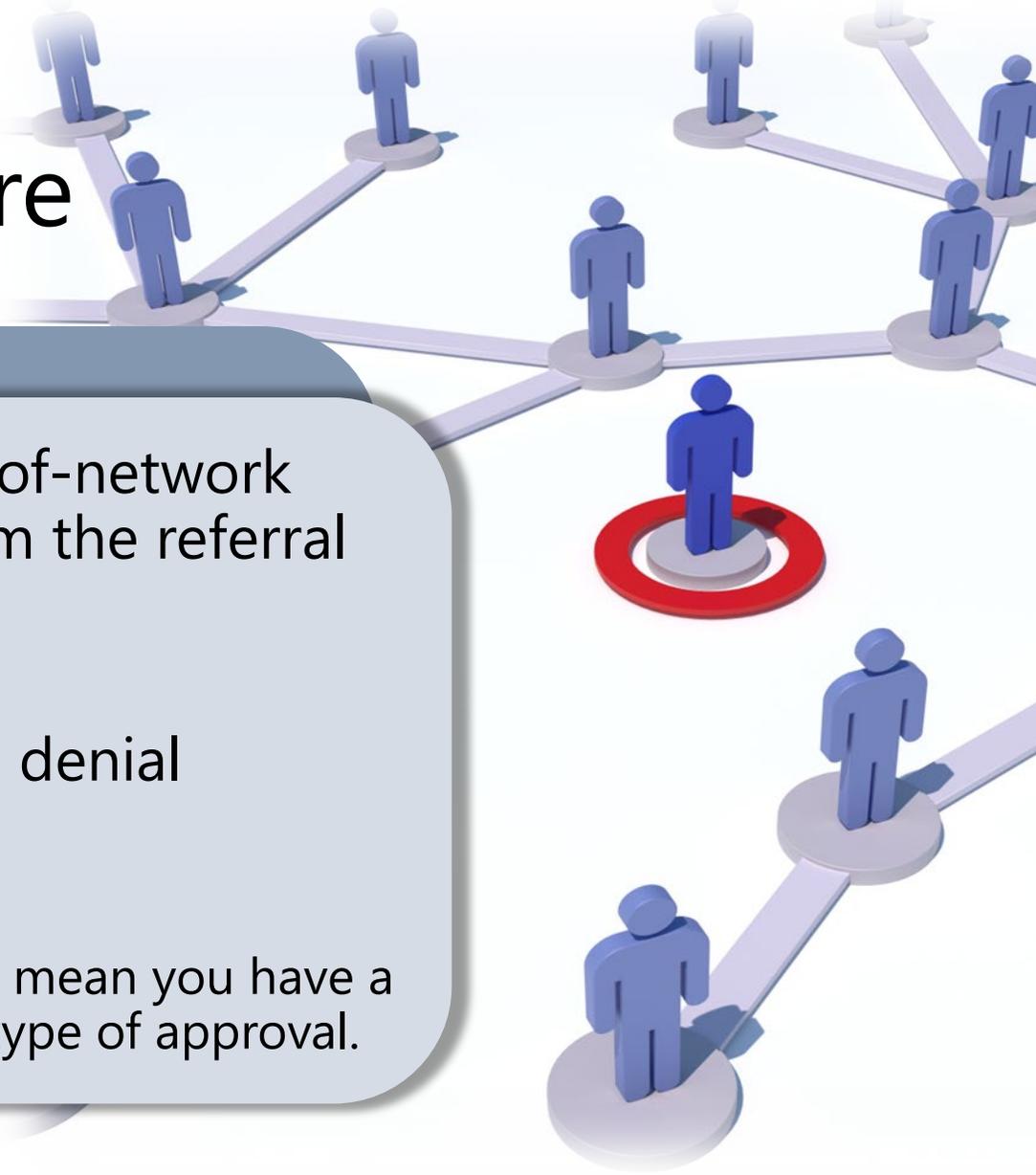
- Emergency care.
- An injured employee who does not live within the service area.
- An out-of-network provider that the network approved.



Network Liability for Out-of-Network Health Care

- The network must approve referrals to out-of-network providers no later than the seventh day from the referral request.
- The injured employee may appeal a referral denial through the network's complaint process.

Note: Getting a preauthorization approval does **not** mean you have a written out-of-network approval. It is not the same type of approval.

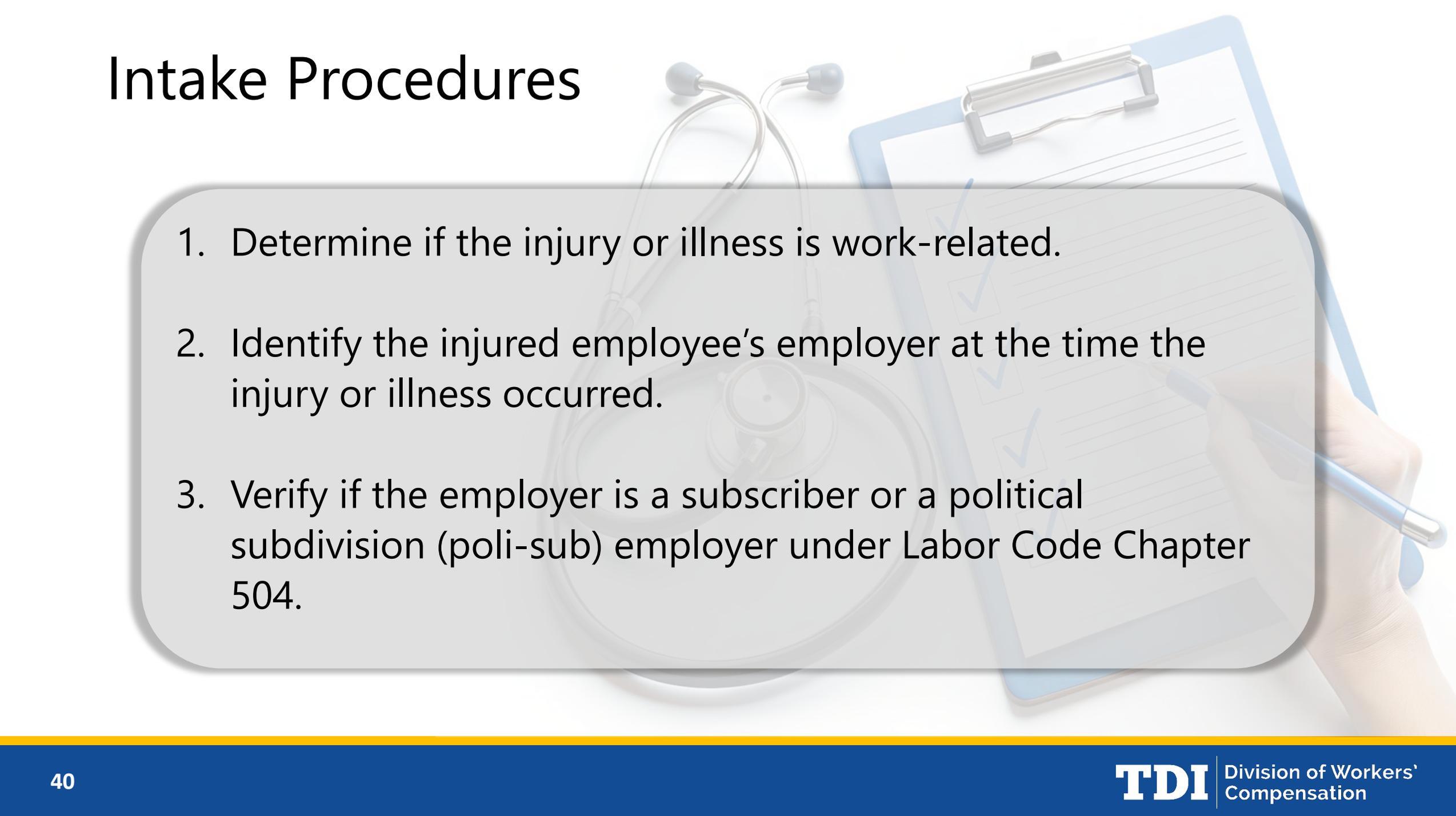


Network Intake Procedures

Identifying an Injured Employee
Subject to a Network

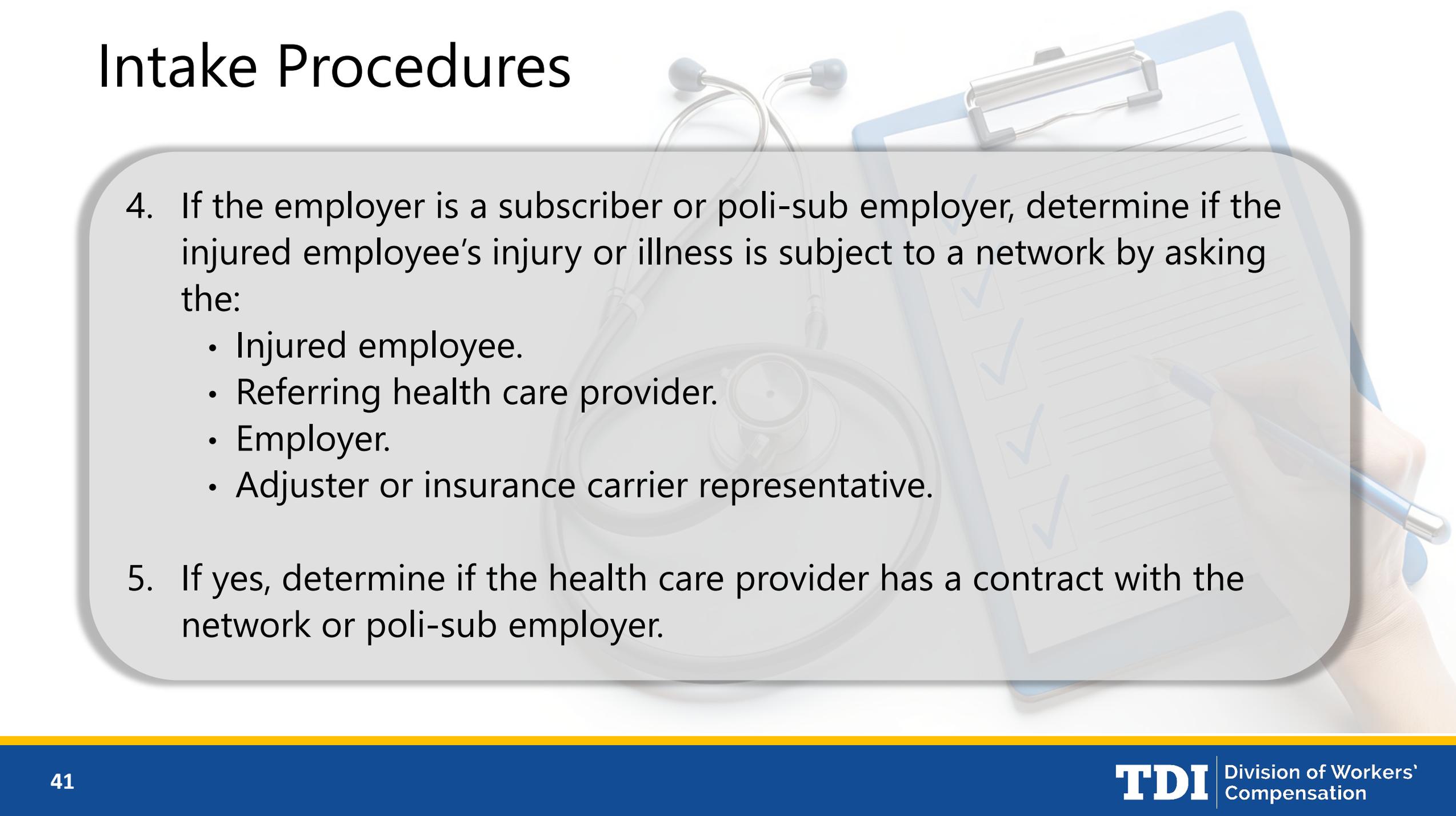


Intake Procedures



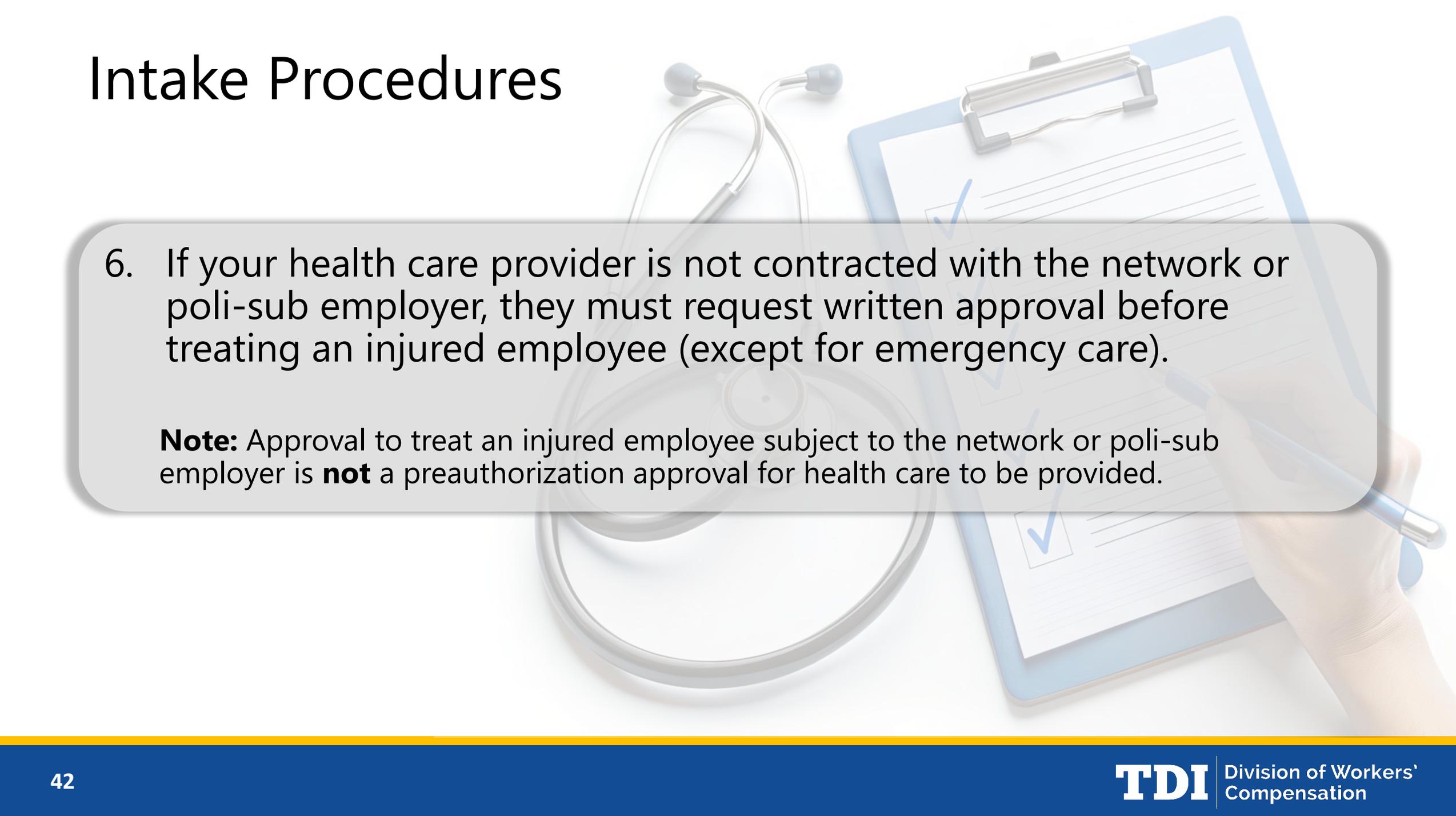
1. Determine if the injury or illness is work-related.
2. Identify the injured employee's employer at the time the injury or illness occurred.
3. Verify if the employer is a subscriber or a political subdivision (poli-sub) employer under Labor Code Chapter 504.

Intake Procedures

A background image featuring a white stethoscope and a blue clipboard with a checklist. The clipboard has several blue checkmarks on the left side, and a hand is visible on the right side holding a blue pen, appearing to be writing on the document. The entire scene is set against a light blue and white background.

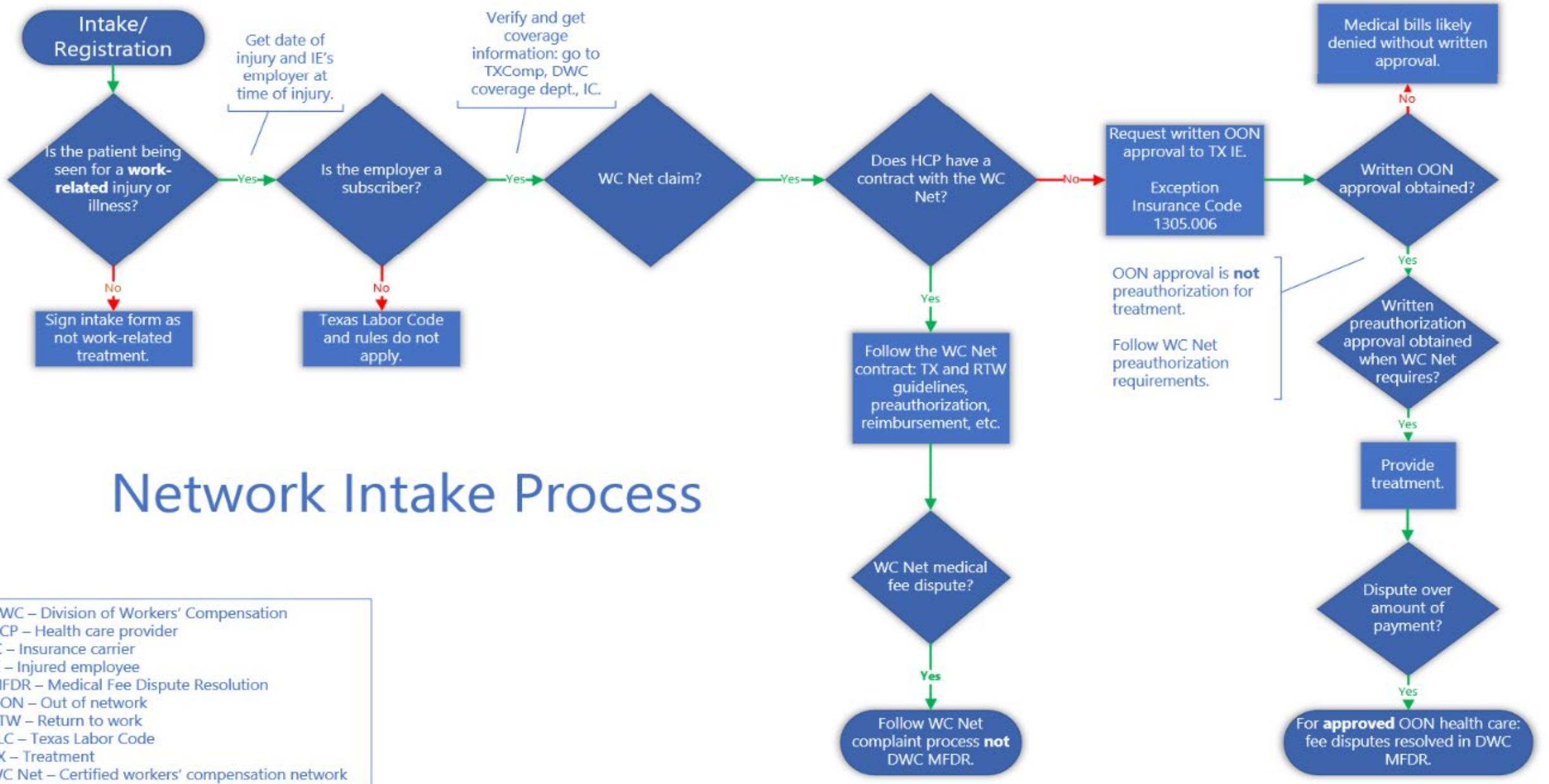
4. If the employer is a subscriber or poli-sub employer, determine if the injured employee's injury or illness is subject to a network by asking the:
 - Injured employee.
 - Referring health care provider.
 - Employer.
 - Adjuster or insurance carrier representative.
5. If yes, determine if the health care provider has a contract with the network or poli-sub employer.

Intake Procedures

A background image featuring a silver stethoscope and a blue clipboard with a white sheet of paper. The paper has several lines of text and two blue checkmarks. A hand is visible on the right side, holding a blue pen over the clipboard.

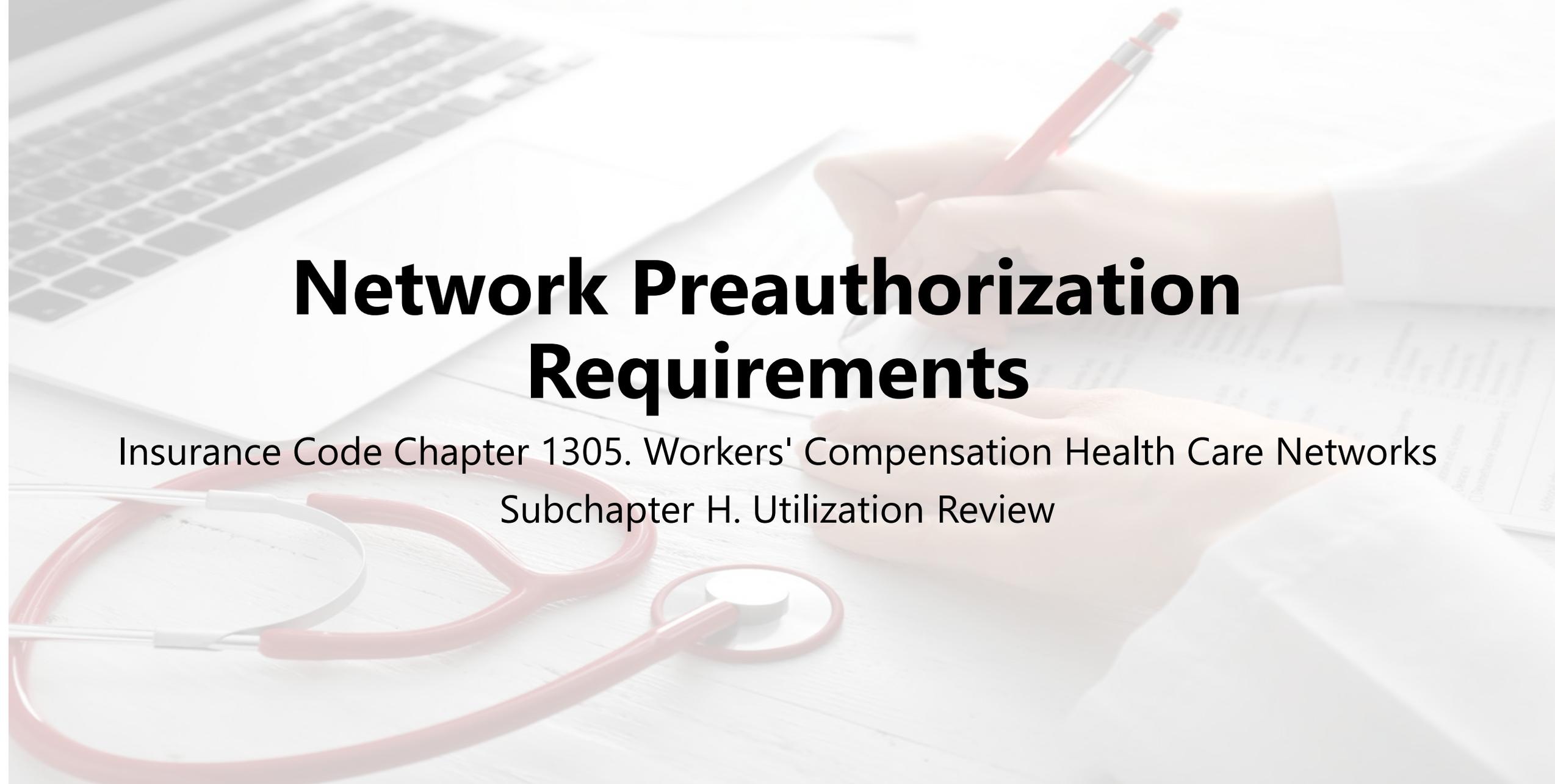
6. If your health care provider is not contracted with the network or poli-sub employer, they must request written approval before treating an injured employee (except for emergency care).

Note: Approval to treat an injured employee subject to the network or poli-sub employer is **not** a preauthorization approval for health care to be provided.



Network Intake Process

DWC – Division of Workers' Compensation
 HCP – Health care provider
 IC – Insurance carrier
 IE – Injured employee
 MFDR – Medical Fee Dispute Resolution
 OON – Out of network
 RTW – Return to work
 TLC – Texas Labor Code
 TX – Treatment
 WC Net – Certified workers' compensation network



Network Preauthorization Requirements

Insurance Code Chapter 1305. Workers' Compensation Health Care Networks
Subchapter H. Utilization Review

Network Preauthorization Requirements



The Labor Code's Preauthorization requirements do not apply to health care provided through a network, except for pharmacy formulary requirements.

Labor Code Sec. 413.014. Preauthorization Requirements; Concurrent Review and Certification of Health Care
28 TAC Sec. 134.540. Requirements for Use of the Closed Formulary for Claims Subject to Certified Networks

Non-Network and Network Pharmacy Preauthorization Requirements

28 TAC Sec. 134.600(p)(11) drugs not included in the applicable DWC formulary require preauthorization.

Preauthorization not required



Preauthorization required

- Drugs with status "N." (Appendix A).
- Investigational or experimental drugs.
- All prescription drugs created through compounding.

Network Preauthorization Requirements



- Each contract with a health care provider outlines the network's preauthorization requirements and process.
- Preauthorization of treatments and services for a medical emergency is not required.

Network Preauthorization Requirements



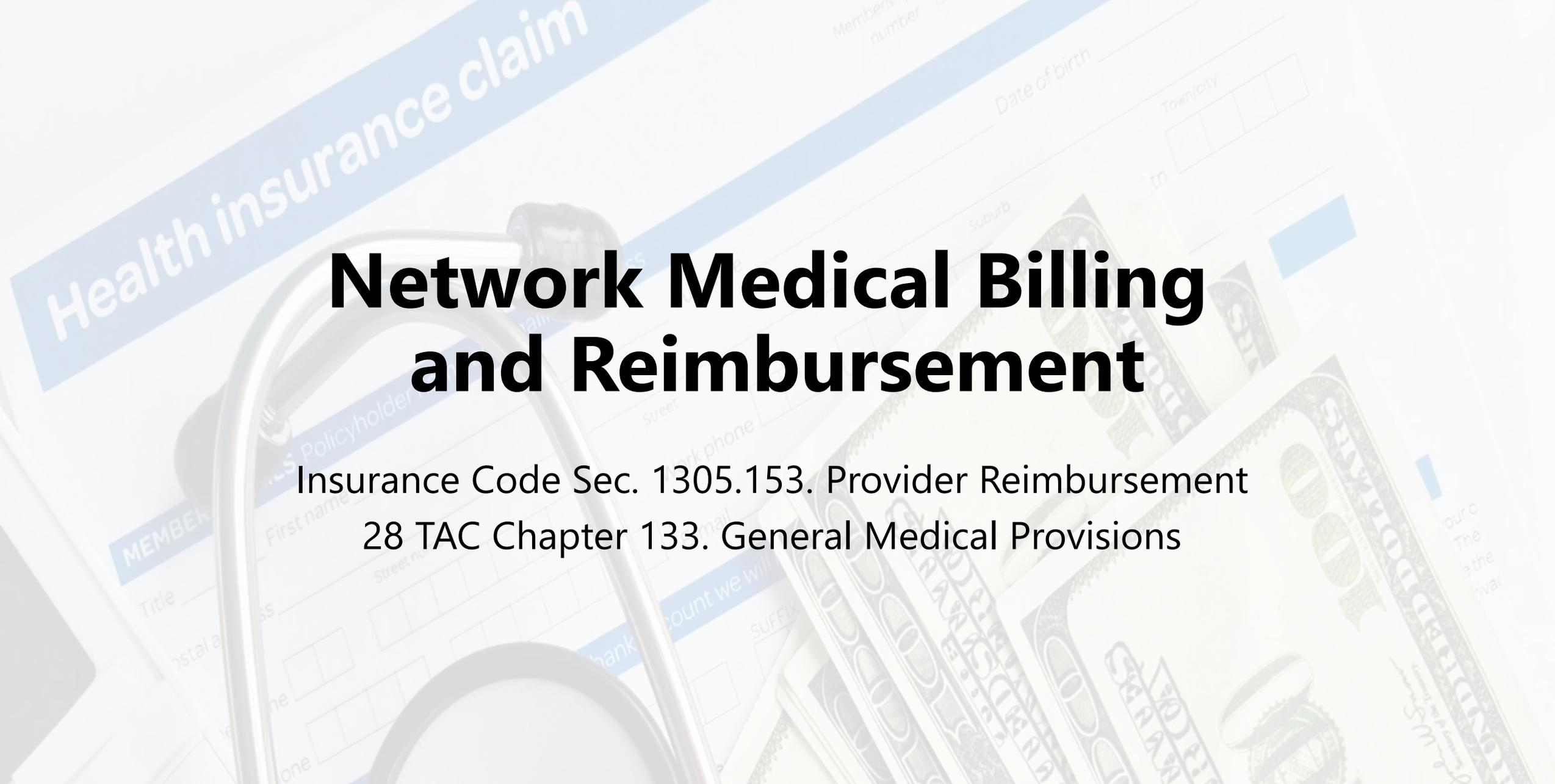
- Payment may not be denied by the insurance carrier, network, network's agent or other representative for medical necessity when health care services have been preauthorized.
- Preauthorization for a health care service is not a guarantee of payment.

Network Preauthorization Requirements

Your medical bill may be denied for reasons not related to medical necessity, including:

- Compensability, extent of injury, relatedness, or liability.
- Coding, billing, or documentation.
- Timely filing.
- Not getting written out-of-network approval.





Network Medical Billing and Reimbursement

Insurance Code Sec. 1305.153. Provider Reimbursement
28 TAC Chapter 133. General Medical Provisions



Medical Billing Rules

Apply to network claims, except:

- 28 TAC Subchapter C, Medical Bill Processing/Audit by Insurance Carrier:
 - 28 TAC Sec. 133.210(f)., relating to Medical Documentation.
 - 28 TAC Sec. 133.240(b) and (i)., relating to Medical Payments and Denials.
- 28 TAC Subchapter D, Dispute of Medical Bills.

Medical Billing Rules

- **Health care providers** submit medical bills within 95 days from the date of service, with some exceptions.

- **Insurance carriers** pay, reduce, or deny medical bills within 45 days from receiving a complete bill, or they determine to audit the bill.



Medical Reimbursement

Contracts determine reimbursement.

Exceptions:

- Emergency health care.
- Health care for an injured employee who does not live within the network's service area.
- Health care from an out-of-network health care provider with network approval.

Medical Reimbursement

Exceptions (continued):

- Designated doctor and required medical examinations.
- Referred doctor maximum medical improvement and impairment rating (IR) exams, and treating doctor IR exams.*
- Treating doctor examinations to define the compensable injury.

*See 28 TAC Chapter 134 revisions, effective June 1, 2024.

Medical Reimbursement

Network paper explanation of benefits must include the:

- Name of the network; or
- Pharmacy, durable medical equipment, or home health care services' informal or voluntary network name, when applicable.

Reimbursement for Pharmacy Services

- May not be delivered through a workers' compensation health care network.
- In accordance with DWC's pharmacy fee guideline.

Insurance Code Sec. 1305.101. Workers' Compensation Health Care Networks Subchapter A General Provisions
Labor Code Sec. 408.0281. Workers' Compensation Benefits Subchapter A General Provisions
28 TAC Sec. 134.503. Benefits—Guidelines For Medical Services, Charges and Payments



Reimbursement for Pharmacy Services

- The insurance carrier negotiates a contract with the health care provider that includes a specific fee schedule; or

- The informal or voluntary network negotiates a contract with the health care provider on the insurance carrier's behalf that includes a specific fee schedule.

Reimbursement for Durable Medical Equipment and Home Health Services

- Network contract;
- DWC fee guidelines for out-of-network services approved by the network; or
- Informal or voluntary network negotiated contract with the health care provider on the insurance carrier's behalf that includes a specific fee schedule.



A hand is shown reaching out from the center towards two small, stylized human figures. The figure on the left is red, and the figure on the right is green. They are positioned on a light-colored wooden surface. The background is a blurred blue-grey color.

Network Dispute Resolution

Network Dispute Resolution Processes

Dispute Type

1. Compensability, extent-of-injury, relatedness, or liability disputes.
2. Medical necessity disputes.
3. Medical fee disputes.

Dispute Process

1. DWC benefit dispute resolution hearings process.
2. Independent review organization process.
3. Network complaint process.



Compensability, Extent-of-Injury, Relatedness, or Liability Disputes

Compensability, Extent-of-Injury, Relatedness, or Liability Disputes

The insurance carrier must:



- Notify a network provider in writing* if the insurance carrier contests the compensability of an injury, (*does not indicate PLN1 specifically).

- Not deny (based on compensability) the payment for medically necessary health care services provided before notifying the network provider.

Compensability Disputes

If the insurance carrier successfully contests compensability, the insurance carrier is liable up to a maximum of \$7,000 for health care provided before notifying the health care provider of the compensability denial.



Compensability, Extent-of-Injury, Relatedness, or Liability Disputes

Benefit dispute resolution follows Labor Code, Chapter 410. Adjudication of Disputes:

- Benefit review conferences.
- Contested case hearings or arbitration.
- Appeals Panel review.
- District court.





Network Medical Necessity Disputes

Network preauthorization/concurrent review process

Preauthorization request

Request preauthorization or concurrent review

[Insurance Code Chapter 1305](#)
[28 TAC Chapter 10](#)
[28 TAC Chapter 19](#)

URA response to request

Must approve issue or adverse determination within:

- The time appropriate to the delivery of services and condition of the patient, **not exceeding one hour** of receiving a post-stabilization treatment or life-threatening condition request.
- **Twenty-four hours** of receiving a concurrent hospitalization review request.
- **Three working days** of receiving all other preauthorization or concurrent review requests.

Before issuing an adverse determination, the URA must give the requester reasonable opportunity to discuss the clinical basis of the adverse determination:

- No less than **one working day** before issuing an adverse determination.
- Before issuing a concurrent or post-stabilization review adverse determination.

Must send written notice of approval or adverse determination to the requester within **one working day** of the decision. When sending adverse determination for life-threatening conditions, the URA must notify the requester of the availability of independent review.

[Insurance Code §1305.353](#)
[28 TAC §§10.101, 19.2003, 19.2009](#)

Appeal request

Request appeal of adverse determination

Must request appeal:

- Orally or in writing.
- Within **30 days** of receiving a written adverse determination.

Note: Injured employees with a life-threatening condition, or a request for medical interlocutory order are entitled to immediate review by an IRO and are not required to comply with the procedures for an appeal to the insurance carrier.

[Insurance Code §1305.354](#)
[28 TAC §19.2011](#)

URA response to request

Preauthorization

Must approve or deny as soon as practicable but within **30 days** of receiving the preauthorization approval request.

Post-stabilization treatment, life-threatening conditions, and continued stays for hospitalized employees

Must approve or deny:

- Based on the medical or clinical immediacy of the condition, procedure, or treatment.
- Within **one calendar day** of receiving all necessary information to complete the reconsideration.

[28 TAC §10.101](#)

IRO request

Request independent review

Must request review by an IRO:

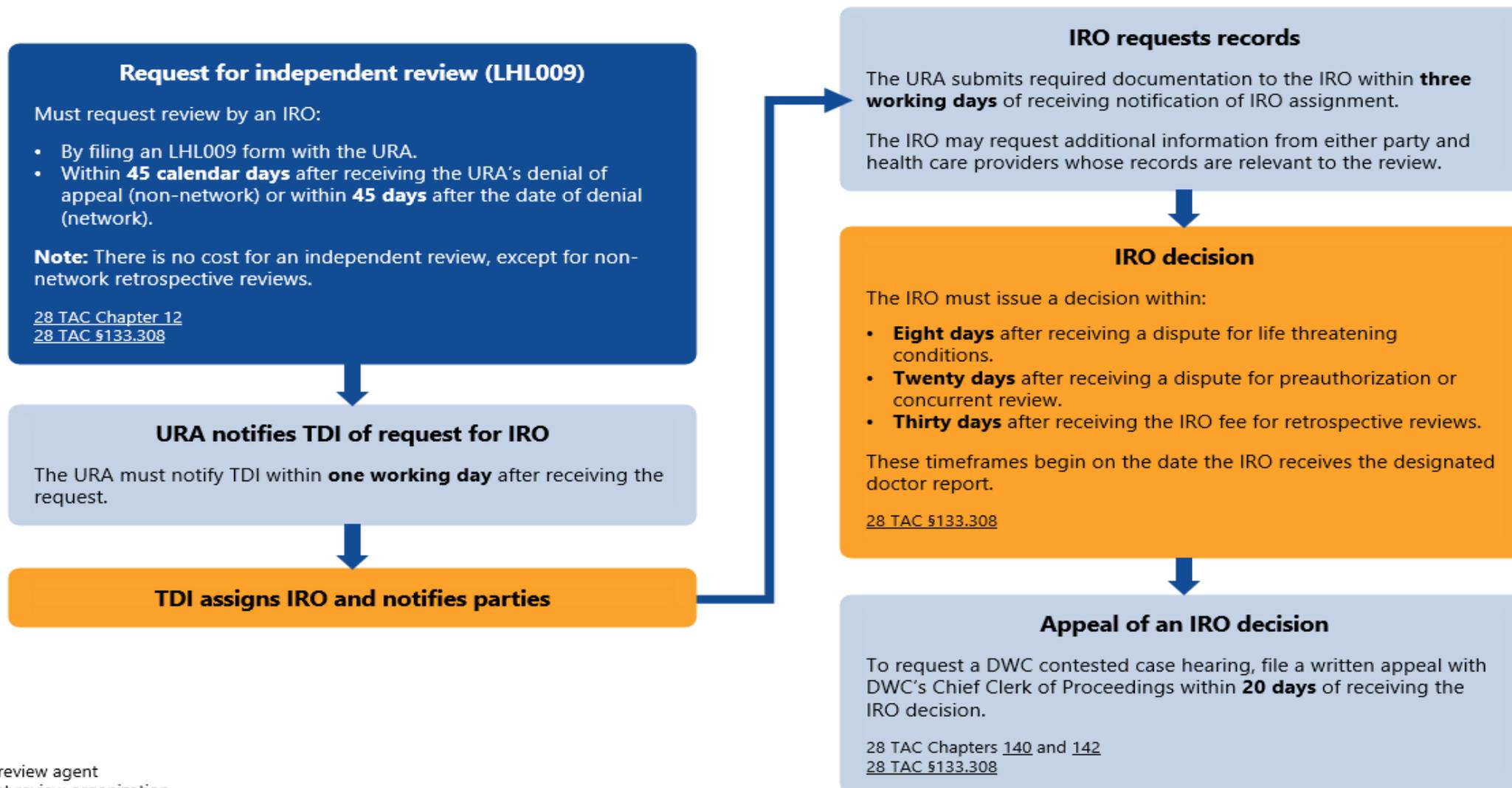
- By filing an LHL009 form with the URA.
- Within **45 days** after the date of denial.

Note: There is no cost for an independent review, except for non-network retrospective reviews.

[Insurance Code §1305.355](#)
[28 TAC Chapter 12](#)
[28 TAC §§10.104, 133.308](#)

URA – utilization review agent
 IRO – independent review organization

Independent Review Organization (IRO) process



URA – utilization review agent
IRO – independent review organization



Network Fee Disputes

Network Complaint Process

Network Fee Disputes

- For network providers, network fee disputes are resolved through the network complaint process, **not** through DWC's medical fee dispute resolution (MFDR) process.

- DWC's MFDR department will dismiss network fee disputes that are filed with them. There are few exceptions.

Network Fee Disputes

For out-of-network health care providers who are approved by a network to provide health care to an injured employee subject to the network, **network fee disputes are resolved through DWC's MFDR process**, not through the network complaint process.

Network Complaint Process

- Each network must have a complaint resolution system in place to comply with Insurance Code Chapter 1305, Subchapter I.

- The network complaint process may require a complaint to be filed no later than the 90th day from the event.

- The process must include a way to notify the complaint and have an appeal process.

Network Complaint Process

- The process must acknowledge receipt of the complaint within seven calendar days after the complaint is received.
- The acknowledgement must describe the complaint procedures and deadlines.



Network Complaint Process

The process must:

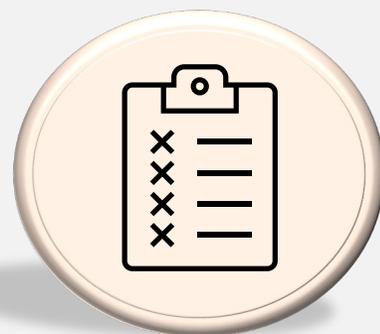
- Investigate and resolve the complaint within 30 calendar days after receiving the complaint.

- Maintain a record of the complaint and any related proceeding.



Network Complaint Process

- The network may not retaliate against an employer or injured employee because they have filed a complaint.
- The network requires the health care provider to post in their office a notice to injured employees about the process for resolving a complaint with the network.



Unresolved Complaints

If you attempted to resolve:

- A complaint through a network's complaint system process; or
- A dispute through the insurance carrier on whether the employee lives within the network's service area

and you're dissatisfied with how the complaint was resolved, you may submit a complaint to TDI's Consumer Protection through the [Online Complaint Portal](#) on the TDI website.

TAC 28 Sec. 10.122. Submitting Complaints to the Department

Network Report Cards

Labor Code Chapter 405

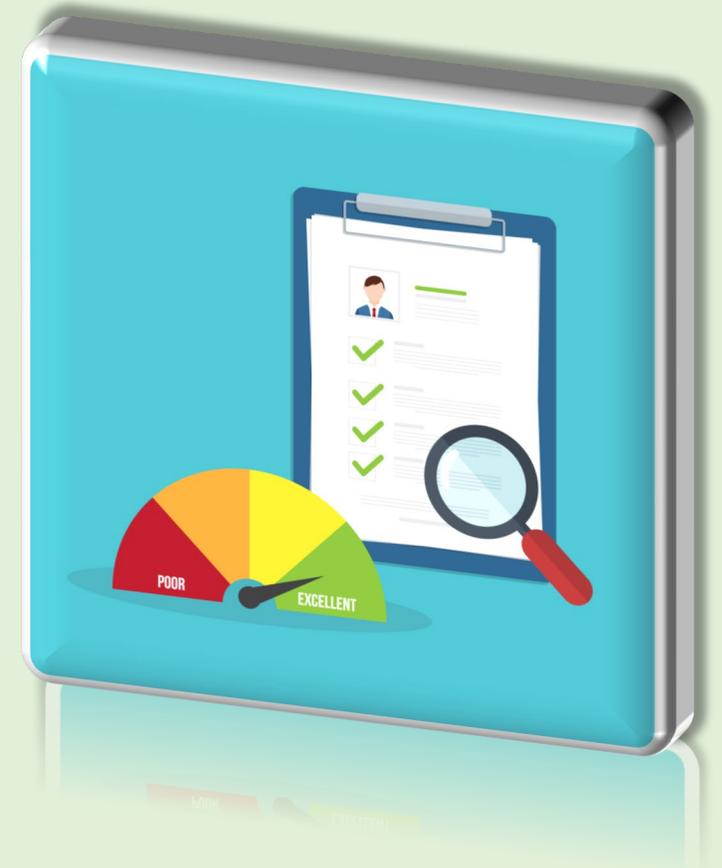
Insurance Code Chapter 1305



Workers' Compensation Network Report Card

The Texas Department of Insurance, Workers' Compensation Research and Evaluation Group:

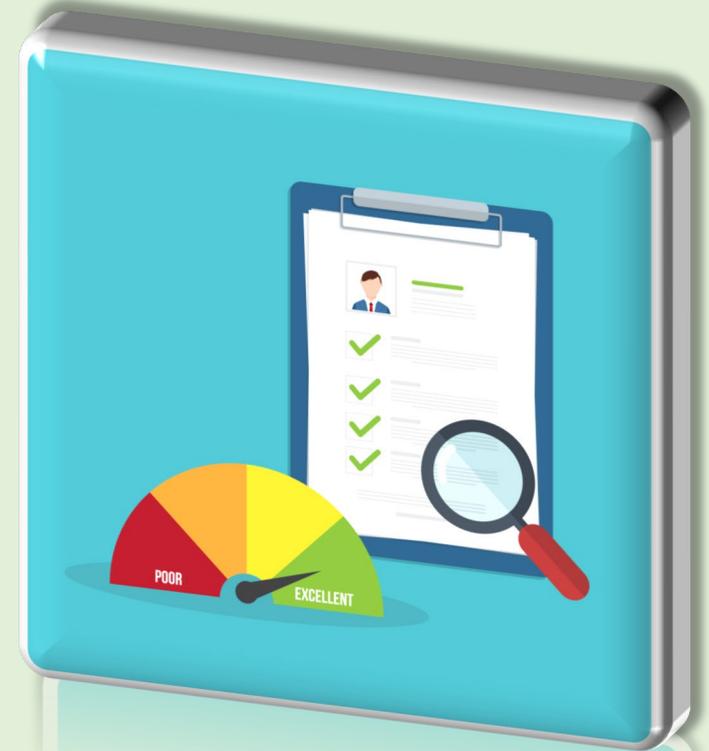
- Evaluates the impact of the workers' compensation health care networks on the cost and quality of medical care provided to injured employees; and
- Publishes an annual informational report card.



Workers' Compensation Network Report Card

The network report card results:

- Are posted on the TDI website.
- Include:
 - Injured employee access to care.
 - Return-to-work outcomes.
 - Health-related outcomes.
 - Employee satisfaction with care.
 - Health care costs and utilization of health care.





Review

Network:

Preauthorization requirements.

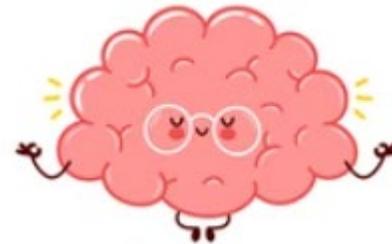
Medical billing and reimbursement.

Dispute resolution.

Report cards.

**TRAIN
YOUR
BRAIN**

Let's flex your knowledge!



Day 8

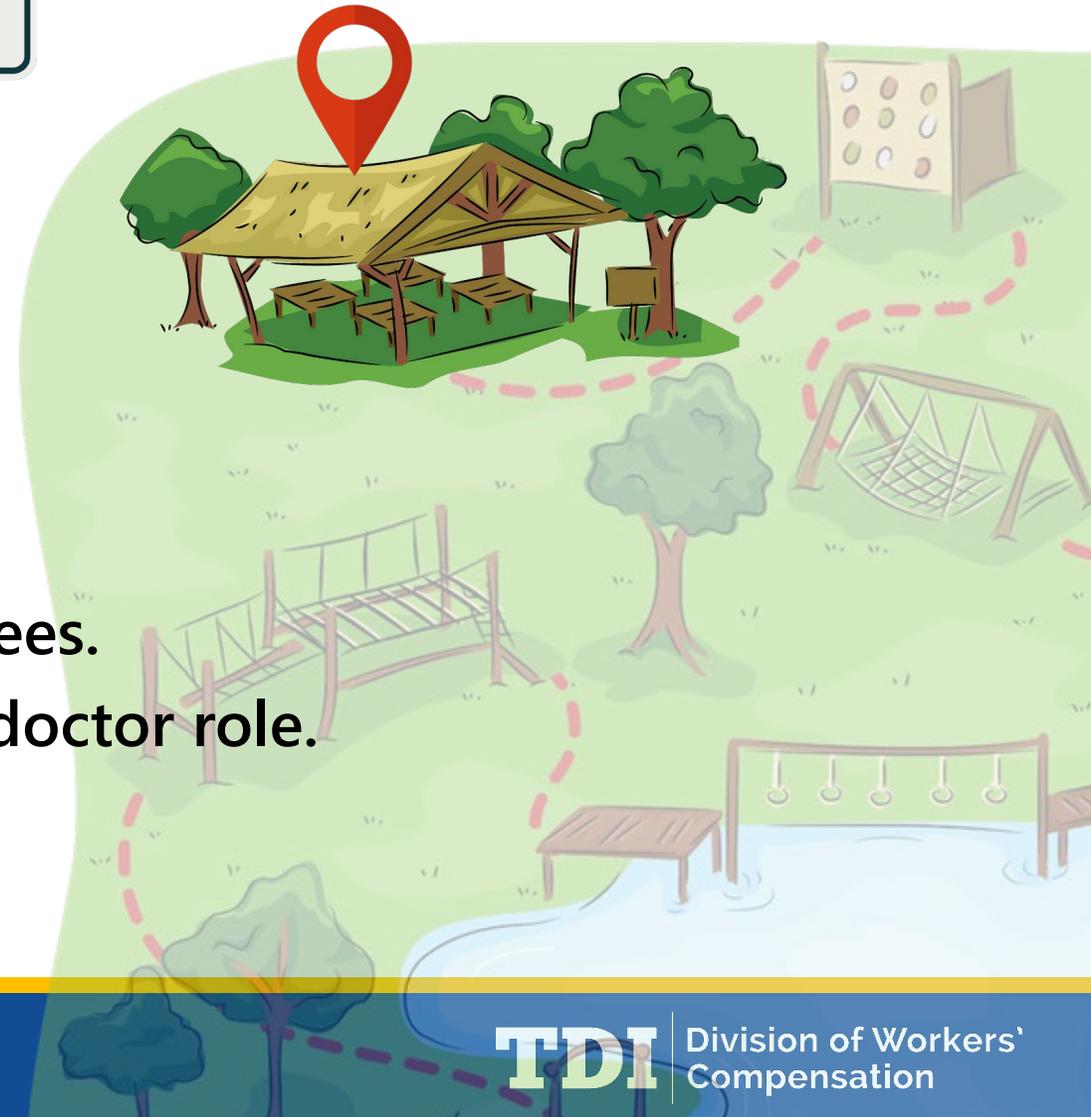




**BILLING >>and<<REIMBURSEMENT TRAINING
FOR DESIGNATED DOCTOR >>and<<
OTHER CERTIFYING DOCTOR EXAMS**

Learning Objectives

- Understand billing requirements.
- Identify 2025 workers' compensation exam fees.
- Review billing instructions and examples by doctor role.



Contact Us



CompConnection:
800-252-7031 option 3

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