



**Texas Department of Insurance**

**Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

**GENERAL INFORMATION**

**Requestor Name and Address**

PINE CREEK MEDICAL CENTER  
9032 HARRY HINES BLVD  
DALLAS TX 75235-1720

**Respondent Name**

TEXAS MUTUAL INSURANCE COMPANY

**Carrier's Austin Representative Box**

Box Number 54

**MFDR Tracking Number**

M4-12-1268-01

**MFDR Date Received**

December 27, 2011

**REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "our facility was under paid per the APC Rate/Fee schedule for the modifier 50 (Bilateral procedure)."

**Amount in Dispute:** \$593.26

**RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "This dispute involves a fee reimbursement dispute between a network provider, the requestor, and Texas Mutual for services provided on a Network claim. . . . For this reason the requestor does not have standing to bring this dispute forward to DWC MDR."

**Response Submitted by:** Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, Texas 78723

**SUMMARY OF FINDINGS**

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
May 6, 2011	Outpatient Hospital Services	\$593.26	\$0.00

**FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.305 sets out general provisions relating to medical dispute resolution.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
3. 8 Texas Insurance Code Chapter 1305 sets out provisions regarding workers' compensation health care networks.
4. 28 Texas Administrative Code §§ 10.120 through 10.122 address the submission of a complaint by a health care provider to a health care certified network.

**Issues**

1. Are the disputed services subject to the provisions of a contract between the health care provider and a workers' compensation health care network established pursuant to title 8, chapter 1305 of the Texas Insurance Code?
2. Are the disputed services eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307?
3. What is the appropriate remedy to address the fee matters related to health care certified networks?

**Findings**

1. The insurance carrier presented documentation to support that the injured employee was enrolled in a certified workers' compensation healthcare network established pursuant to title 8, chapter 1305 of the Texas Insurance Code at the time of the disputed services. Additionally, the insurance carrier presented documentation to support that the health care provider was a contracted provider of medical services in the injured employee's network. The Division therefore concludes that the disputed services subject to the provisions of a contract between the health care provider and a workers' compensation health care network established pursuant to title 8, chapter 1305 of the Texas Insurance Code.
2. Title 28 Texas Administrative Code §133.305(a)(4) defines a medical fee dispute as "A dispute that involves an amount of payment for non-network health care rendered to an injured employee." 28 Texas Administrative Code §133.307(a)(1) states that "This section applies to a request for medical fee dispute resolution for non-network or certain authorized out-of-network health care not subject to a contract, that is remanded to the Division or filed on or after May 25, 2008." As the disputed services relate to network health care subject to a contract between the parties to this dispute, the administrative remedies available under the provisions of §133.307 are not applicable to the services in this dispute.
3. The appropriate administrative remedy to address fee matters related to health care certified networks is the complaint process outlined in Title 8 Texas Insurance Code §§ 1305.401 through 1305.405. Additionally, Texas Department of Insurance (TDI) rules at 28 Texas Administrative Code §§ 10.120 through 10.122 address the submission of a complaint by a health care provider to the network. If the health care provider is dissatisfied with the outcome of the network complaint process, providers may file a complaint to the Texas Department of Insurance.

**Conclusion**

The Division concludes that the requestor is not eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.307. For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

**ORDER**

Based upon the documentation submitted by the parties, the Division has determined that the services in dispute do not meet the requirements for medical fee dispute resolution under the provisions of 28 Texas Administrative Code § 133.307; accordingly, this dispute is not eligible for medical fee review. As a result, no amount is ordered.

**Authorized Signature**

		March 21, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

**YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**