



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

INTEGRATIVE HEALTH & MEDICAL

MFDR Tracking Number

M4-12-2082

MFDR Date Received

February 16, 2012

Respondent Name

LIBERTY INSURANCE CORP

Carrier's Austin Representative

Box Number 01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We provided all the information the carrier requested based on the initial denial so the claim could be paid and now we get this rather odd payment denial that does not seem to be consistent with my experience regarding carrier responsibilities."

Amount in Dispute: \$2,005.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This letter acknowledges receipt of your Liberty Health Care Network (HCN) complaint on February 21, 2012. Complaints must be made no later than 90 days after the date of the issue arises that is the basis of the complaint. Your issue will be forwarded to the appropriate department for further handling."

Response Submitted by: Liberty Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 17, 2011	99203, 95861, 95934-50, 95903 and 95904	\$2,005.00	\$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 the procedures for resolving medical disputes.
2. 28 Texas Insurance Code Chapter 1305 applicable to Health Care Certified Networks.
3. 28 Texas Administrative Code §§10.120 through 10.122 address the submission of a complaint by a health care provider to the Health Care Network.

Issues

1. Did the in-network healthcare provider render services to an in-network injured employee?
2. Is the requestor eligible for medical fee dispute resolution pursuant to 28 Texas Administrative Code §133.305?
3. What may be the appropriate administrative remedy to address fee matters related to health care certified networks?

Findings

- 1. The requestor billed for CPT Code(s) 99203, 95861, 95934-50, 95903 and 95904 rendered on February 17, 2011 to an injured employee enrolled in a certified healthcare network. The insurance carrier’s response indicates that both the healthcare provider and the injured employee are participants in a certified healthcare network.

The Division notified the requestor on May 2, 2012 that the disputed services were provided to an injured employee enrolled in a certified network. The notification letter contained information outlining the dispute path for in-network providers and out-of-network providers. The Medical Fee Dispute Resolution (MFDR) section at the Texas Department of Insurance adjudicates *non-network* medical fee disputes. Documentation found indicates that the health care provider in this case treated an injured employee enrolled in a *certified network*. The Division finds that insufficient documentation was submitted to support that the disputed services are eligible for review by Medical Fee Dispute Resolution.

- 2. 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 (employee) that has been determined to be medically necessary and appropriate for treatment of that employee's compensable injury. The dispute is resolved by the Division pursuant to Division rules, including §133.307 of this subchapter (relating to MDR of Fee Disputes).” Non-network health care is defined in Section (a) (6) of the same rule as “Health care not delivered, or arranged by a certified workers compensation health care network as defined in Insurance Code Chapter 1305 and related rules...”

Per 28 Texas Administrative Code §133.307 (a) (3) “...In resolving **non-network** disputes which are over the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the Division of Workers' Compensation (Division) is to adjudicate the payment, given the relevant statutory provisions and Division rules.” Adjudicating the fees for the disputed services would involve enforcing a law, regulation, or other provision related to the price of a service(s) provided by an in-network health care provider to an in-network injured employee. The Division finds the disputed services are not under the jurisdiction of the Division of Workers’ Compensation and therefore are not eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307.

- 3. The 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 Health Care Network. The Division finds that the disputed services may be filed to the Texas Department of Insurance’s (TDI) Complaint Resolution Process, if the health care provider or facility is dissatisfied with the outcome of the certified networks complaint process. The complaint process is outlined in Texas Insurance Code Subchapter I, §1305.401 - §1305.405 and may be the appropriate administrative remedy to address fee matters related to certified networks.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. This decision is based upon a review of all the evidence presented by the parties in this dispute. Even though all the evidence was not discussed, it was considered. The Division finds that this dispute is not under the jurisdiction of the Division of Workers’ Compensation and is therefore not eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division finds the disputed services are not under the jurisdiction of the Division of Workers’ Compensation and therefore are not eligible for medical fee dispute resolution under 28 Texas Administrative Code §133.307.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 18, 2017
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, TDI, 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** along 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.**