



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

John Hopkins, DC, PhD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-0145-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

September 16, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 17, 2022	95913, and 95886	\$900.00	\$0.00
Total		\$900.00	\$0.00

Requestor's Position

"We made all effort to resolve this issue with insurance in good faith. We have been part of Onecall network/ Texas mutual still they refuse to pay, we had pre-auth approved for test."

Amount in Dispute: \$900.00

Respondent's Position

"This claim is in the WorkWell, TX network. Texas Mutual has reviewed the network provider directory for the provider's name and tax identification number and confirmed no record of JOHN HOPKINS DC, PHD as a participant. As an out-of-network provider, approval is required before rendering service or treatment. Texas Mutual did not receive or find any evidence of out-of-network approval obtained by the requestor... Since this fee reimbursement dispute involves a network requirement under the Insurance Code rather than the Labor Code, Texas Mutual believes this dispute is outside the jurisdiction of DWC MDR."

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 Texas Administrative Code ([TAC](#)) [§133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 628 – UNITS DO NOT APPLY TO THIS CODE.
- 714 - DOCUMENTATION SUPPORTS TESTING OF 12 MAJOR NERVES.
- CAC-P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- CAC-243 – SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.
- D27 – PROVIDER NOT APPROVED TO TREAT WORKWELL, TX NETWORK CLAIMANT. FOR NETWORK INFORMATION CALL 044-067-2338
- 714 – ACCURATE LICENSE, CPT/HCPCS, NDC #, DATES, UNITS, DAYS SUPPLY, MODIFIERS ARE REQUIRED. SUBMIT CORRECTIONS W/95 DAYS FROM DOS.

Issues

1. Are the disputed services out-of-network health care?
2. Under what conditions is the insurance carrier liable for out-of-network health care?
3. Is the insurance carrier liable for the disputed services?

Findings

1. The requestor, John Hopkins, D.C., PhD submitted this medical fee dispute for resolution according to 28 TAC §133.307. The dispute concerns EMG/NCV testing referred to by the treating doctor and provided by the requestor on October 17, 2022.

A review of the submitted documentation finds that the injured employee's claim is within the WorkWell network. The submitted documentation is not sufficient to support the claim that Dr. Hopkins participates in the WorkWell network. As a result, the DWC finds that the requestor provided out-of-network health care to the injured employee.

The requirements mentioned in the relevant sections of TIC, Chapter 1305, are applicable to the DWC's ability to apply the TLC statutes and DWC rules for out-of-network health care.

TIC §1305.153(c) states 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, which addresses 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 has the burden to prove that the conditions outlined in TIC §1305.006 were met for the insurance carrier to be liable for the disputed services. DWC finds that the requestor failed to provide documentation to support that any of the conditions of TIC §1305.006 were met in this dispute.

As a result, DWC finds that the insurance carrier is not liable for the out-of-network health care in dispute.

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

April 10, 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. 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, call CompConnection at 1-800-252-7031, option 3, or email 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 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.