



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Baylor Surgical Hospital

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-1422-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

February 29, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2023	29806	\$12,881.60	\$0.00
Total		\$12,881.60	\$0.00

Requestor's Position

"Per EOB received bill for DOS 9/20/2023 denied due to no authorization. Please note that authorization was obtained for treatment under Review# 6143986 for date range 8/21/2023-12/19/2023, and proof of authorization enclosed for review. Please reprocess and remit payment for amount due."

Amount in Dispute: \$12,881.60

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 BAYLOR SURGICAL HOSPITAL 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.

Our position is that no payment is due."

Response Submitted by: Texas Mutual Insurance Company

Findings

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance (TDI), Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) §[133.307](#) sets out the procedures for resolving medical fee disputes.
2. Texas Insurance Code (TIC) [Chapter 1305](#) governs workers' compensation health care networks.
3. 28 TAC §§10.120 through 10.122 address the submission of a compliant by a health care provider to the Health Care Network.

Denial Reasons

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

- CAC-P12 – WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- CAC-243 – SERVICES NOT AUTHORIZED BY NETWORK/PRIMARY CARE PROVIDERS.
- CAC-97 – THE BENEFIT FOR THIS SERVICE IS INCLUDED IN THE PAYMENT/ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE THAT HAS ALREADY BEEN ADJUDICATED.
- D27 – PROVIDER NOT APPROVED TO TREAT WORKWELL, TX NETWORK CLAIMANT. FOR NETWORK INFORMATION CALL 844-867-2338.
- 217 – THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE.
- 305 – THE IMPLANT IS INCLUDED IN THIS BILLING AND IS REIMBURSED AT THE HIGHER PERCENTAGE CALCULATION.
- CAC-W3 – IN ACCORDANCE WITH TDI/DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

1. Are the disputed services out-of-network healthcare?
2. Is the insurance carrier liable for out-of-network healthcare?

Findings

1. The requestor, Baylor Surgical Hospital, submitted medical fee dispute M4-24-1422-01 to DWC for resolution in accordance with 28 TAC §133.307. The dispute concerns outpatient facility charges provided by the requestor on September 20, 2023. Per the submitted documentation, the injured employee's claim is within the certified health care network. The requestor was not part of the WorkWell certified health care network on the date the disputed service was rendered. As a result, the requestor provided out-of-network health care to the injured employee.

The Requestor, having provided out-of-network services, asserts that the health care provided was "preauthorized" and included a copy of a preauthorization determination letter dated August 24, 2023, issued by Genex.

2. The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code (TLC) legislation and rules, including 28 TAC §133.307. The requirements mentioned in the relevant sections of the TIC, Chapter 1305, are applicable to DWC's ability to apply the TLC legislation and DWC rules for out-of-network health care. TIC §1305.153 (c) provides 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 titled *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 therefore has the burden to prove that the exceptions outlined in the TIC §1305.006 were met for the insurance carrier to be liable for the disputed services. The requestor contends that the disputed services were provided for emergency care in TIC §1305.006(1). TIC §1305.006(2) and (3) were not shown to be applicable in this case.

The service in dispute was denied with reduction code, "D27 – Provider not approved to treat WorkWell. TX Network claimant."

TIC Section 1305.006 states that the network is liable for out-of-network health care when "...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, in support of their position, submitted a copy of a preauthorization letter issued by Genex and addressed to George Lebus, M.D. dated August 24, 2023. The certification letter approved treatment to be rendered by Dr. Lebus, however, no documentation was submitted to support that a referral was authorized from the network prior to rendering the disputed service.

DWC concludes that the provider failed to meet its burden of proof to establish that the date of service in dispute was rendered pursuant to TIC §1305.006, therefore, the insurance carrier is not liable for this out-of-network health care pursuant to TIC §1305.006.

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 that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	May 13, 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, please call CompConnection at 1-800-252- 7031, Option three, 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 512-804-4812.