



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

Anesthesia Alliance of Dallas

Respondent Name

XL Insurance America Inc.

MFDR Tracking Number

M4-24-1437-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

March 4, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 1, 2023	00300-AA	\$1,004.87	\$0.00

Requestor's Position

"The carrier has denied payment stating the provider is not in the Corvel Texas Healthcare Network. We sent a reconsideration and received a 2nd denial. We provided services to this patient on 10/24/2023, at the same facility, and payment has been issued to us for that date of service."

Amount in Dispute: \$1,004.87

Respondent's Position

"At the time of the audit, the facility where services were rendered, First Baptist Medical Center, was not in the Corvel Tx HCN and not obtained OON approval. Additionally, the surgery itself was not preauthorized. As services had not been paid to First Baptist MC, payment would not be made to any of the ancillary services. The HCP subsequently submitted a request for reconsideration (Exhibit B) again indicating payment should've been made to the ancillary for services rendered and that the anesthesiologist did not have to be in the HCN. The Respondent maintained the denial and again indicated on the EOR that the facility was

not in the HCN. Neither the facility nor the surgeon were paid for services rendered 9/1/2023 as neither are in the Corvel Tx HCN and preauthorization were not obtained.”

Response Submitted by: Corvel

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [Texas Insurance Code \(TIC\) Chapter 1305](#) governs workers’ compensation health care networks.

Denial Reasons

The insurance carrier reduced or denied payment for the disputed services with the following claim adjustment code(s):

- 242 – Services not provided by network/primary care providers.
- NNP – Out-of network approval not requested prior to rendering services.
- AA – Anesthesia services performed by anesthesiologist.
- W3 – Appeal/Reconsideration

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, Anesthesia Alliance of Dallas, submitted a medical fee dispute, tracking number M4-24-1437-01 to DWC for resolution in accordance with 28 TAC §133.307. The dispute concerns anesthesia services provided by the requestor on September 1, 2023. Per the submitted documentation and from information known to the division, the injured employee’s claim is within the Corvel Healthcare Corporation Network, dba Texas CoreCare Network. The requester is not within the Corvel Healthcare Corporation Network, dba Texas

CoreCare Network. As a result, the requestor provided out-of-network health care to the injured employee.

2. The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code statutes and Texas Administrative Code rules, including 28 TAC §133.307. 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."

3. 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 the 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

February 5, 2025
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 1-800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.