



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

San Antonio Vascular & Endovascular Clinic

**Respondent Name**

Safety National Casualty Corporation

**MFDR Tracking Number**

M4-24-1555-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 13, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 23, 2024	99213, and 93922	\$312.00	\$0.00
<b>Total</b>		\$312.00	\$0.00

### Requestor's Position

"We have included detailed information to support the medical necessity and reasons why this denial should be reconsidered for payment... was seen in our clinic on 01/23/2024 for his 1-year follow-up for [injury]... In the office visit report the provider states, 'Will f/u in 1 year w/LE segs as (redacted) do not present with symptoms until very late, end stage...' Prevention of... and its progression with early detection facilitates initiation of lifestyle, medication, and surveillance strategies. Included you will find clinical documentation to help substantiate medical necessity."

**Amount in Dispute:** \$312.00

## Respondent's Position

"CorVel maintains the Requestor, San Antonio Vascular & Endov, is not entitled to reimbursement for date of service 01/24/2024 in the amount of \$312 based on failure to obtain out-of-network approval from the Texas CorCare Certified Healthcare Network prior to services being rendered in accordance with TIC Sec. 1305.103(e). The referring physician (Robert Farber, DP) obtained Out of Network approval from the Corvel HCN. The Treating Doctor is required by rule and contract to request Out Of Network approval when a referral provider is not in the network. The TD is required to reach out to the network to find eligible providers."

**Response Submitted by:** CorVel

## 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:

- 242 – Services not provided by network/primary care prov.
- NNP – Out-of-network approval not requested prior to rendering services.
- Note: This claim is part of the Corvel Texas Healthcare Network (TXHCN).

### Issues

1. Are the disputed services out-of-network health care?
2. If the disputed services are out of network, is the insurance carrier liable for the disputed services under TIC §1305.006?

## Findings

1. The requestor submitted this dispute seeking reimbursement in accordance with 28 TAC §133.307. The dispute concerns non-payment of an office visit and physiologic studies provided by the requestor on January 23, 2024.

Per the submitted documentation, the injured employee's claim is within the Corvel Texas Healthcare Network (TXHCN). The requestor was not in the network at the time the disputed services were rendered. As a result, the requestor provided out-of-network health care to the in-network injured employee.

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. A review of the submitted records did not include documentation to support that any of the exceptions indicated in TIC §1305.006 were met, as a result, the requestor is not entitled to reimbursement for the disputed services.

TAC §133.307(c)(2)(N) requires a position statement including: (i) the requestor's reasoning for why the disputed fees should be paid or refunded, (ii) how the Labor Code and DWC rules, including fee guidelines, impact the disputed fee issues, and (iii) how the submitted documentation supports the requestor's position for each disputed fee issue. The position statement did not explain how the care provided on the dates of service were emergency care under TIC §1305.006. Furthermore, for the dates of service at issue, the documentation provided was not sufficient to show that the care provided was for a medical emergency as defined in TIC §1305.004(13). Because the treatment for these dates of service was not shown to be emergency care, the insurance carrier is not liable for this non-network care under 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**

		May 13, 2024
Signature	Medical Fee Dispute Resolution Officer	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](http://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](mailto: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.