



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

North Houston Surgical Hospital

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-24-2148-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

June 5, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 24, 2023	Outpatient Facility Charges	\$166,139.88	\$0.00
Total		\$166,139.88	\$0.00

Requestor's Position

"We strongly disagree with the outcome of this claim. This claim was DENIED INCORRECTLY FOR NO AUTHORIZATION PRIOR AUTHORIZATION WAS OBTAINED AND APPROVED THOROUGH GENEX UNDER REVIEW... I HAVE ATTACHED SUPPORTING DOCUMENTS FOR YOU TO REVIEW. We are respectfully requesting full payment of the billed amount \$166,139.88."

Amount in Dispute: \$166,139.88

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 NORTH HOUSTON SURGICAL HOSP 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."

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-W3 – In accordance with TDI-DWC rule 134.804, this bill has identified as a request for reconsideration.
- CAC-18 – Exact duplicate claim/service.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-243 – Services not authorized by network primary care providers.
- CAC-97 – The benefit for this services is included in the payment allowance for another service/procedure that has already been adjudicated.
- DC4 – No additional reimbursement allowed after reconsideration.
- DC7 – Duplicate appeal. Network contract applied by WorkWell, TX Network.
- D27 – Provider not approved to treat WorkWell, TX Network claimant. For network information call 844-867-2338.
- 305 – The implant is included in this billing and is reimbursed at the higher percentage calculation.
- 350 – In accordance with TDI-DWC rule 134.804. This bill has been identified as a request for reconsideration or appeal.

Issues

1. Did the out-of-network healthcare provider render services to an in-network injured worker?
2. Under what conditions is the insurance carrier liable for out-of-network healthcare?
3. Is the insurance carrier liable for the disputed services?

Findings

1. The requestor filed this medical fee dispute with the Division requesting resolution pursuant to 28 TAC §133.307 titled *MDR of Fee Disputes*. The authority of the Division of Workers' Compensation is to apply the Texas Labor Code (TLC) statutes and rules, including 28 TAC §133.307 and is limited to the conditions outlined in the applicable portions of the TIC, Chapter 1305.

A review of the documentation and information known to the DWC finds that the injured workers' claim is within a certified healthcare network. The requestor, an out-of-network provider, rendered services to an in-network injured worker.

TIC §1305.153 (c) provides that "Out-of-network providers who provide care as described by Section 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 (3) provides that, "An insurance carrier that establishes or contracts with a network is liable for the following out-of-network health care that is provided to an injured employee: (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 Section [1305.103](#)."

TIC §1305.006 (1) provides that, "An insurance carrier that establishes or contracts with a network is liable for the following out-of-network health care that is provided to an injured employee: (1) emergency care..."

TIC 1305.103 (e) provides that, "A treating doctor shall provide health care to the employee for the employee's compensable injury and shall make referrals to other network providers, or request referrals to out-of-network providers if medically necessary services are not available within the network. Referrals to out-of-network providers must be approved by the network. The network shall approve a referral to an out-of-network provider not later than the seventh day after the date on which the referral is requested, or sooner if circumstances and the condition of the employee require expedited approval. If the network denies the referral request, the employee may appeal the decision through the network's complaint process under Subchapter I."

The requestor therefore has the burden of proving that the condition(s) outlined in TIC §§1305.006 and 1305.103 were met to be eligible for dispute resolution.

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 the 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 DWC concludes that the requestor failed to produce sufficient proof that the services were provided in the event of an emergency, that the location was outside of its service area, or that it had received an out-of-network referral approved by the network. Despite providing a copy of a preauthorization letter for the treatment, the requestor did not provide proof to support they obtained the out-of-network referral authorized by the network.

A review of the documentation provided with the medical fee dispute resolution request, finds that the requestor did not provide sufficient evidence to substantiate any of the exceptions in §1305.006 were met, to qualify for a review of the disputed services.

3. The requestor has the burden to prove that the condition(s) outlined in the TIC §1305.006 were met for the insurance carrier to be liable for the disputed services. The requestor has submitted insufficient documentation to prove that any of the conditions outlined in TIC §1305.006 applied to the disputed services.

DWC concludes that the requestor failed to demonstrate 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 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 that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	October 10, 2024
Signature	Medical Fee Dispute Resolution Officer	Date

_____	_____	October 10, 2024
Signature	Medical Fee Dispute Resolution Director	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.