



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Texas Health Fort Worth

Respondent Name

XL Insurance America Inc

MFDR Tracking Number

M4-24-2630-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

August 1, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 18, 2024	636 and 771	\$778.34	\$0.00

Requester's Position

"ER visits do not require authorization. Please review the reimbursement of this claim and find there is an additional payment of \$778.34 that is due."

Amount in Dispute: \$778.34

Respondents' Position

"Given no violation of the Texas Workers' Compensation Act or division rules and the failure of the Requestor to prove that any of the conditions in 1305.006 were met in this dispute, CorVel respectfully requests the division render a decision indicating the requestor is entitled to \$0.00 reimbursement for date of service 01/18/2024 based on failure to obtain approval from the CorVel Texas CorCare certified network for out -of-network health care and the rules referenced herein."

Response Submitted by: CorVel Healthcare Corporation

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §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 Reason(s)

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 prov.
- JZ - No drug amounts were discarded during an encounter.
- NNP – Out-of-network approval not requested prior to rendering services.
- W3 – Appeal/Reconsideration.
- Note: The 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, Texas Health Fort Worth, submitted medical fee dispute M4-24-2630 to the division for resolution according to 28 TAC §133.307. The dispute concerns outpatient hospital services provided by the requestor on January 18, 2024. Per the submitted documentation and from information known to the division, the injured employee's claim is within the CorVel Texas CorCare healthcare certified network. The requestor is not within the CorVel Texas CorCare Network, 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 care provided was "emergency care" such that network-based restrictions are inapplicable, and the respondent carrier is required to pay in accordance with the TLC and DWC rules. A medical fee dispute of this nature is within the jurisdiction of DWC.

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 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. TAC §133.307(c)(2)(N) requires a requestor's 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 provider in this case provided a statement indicating that, "The patient was seen in our facility for uncontrolled situation. We request you review the circumstances as outlined in the emergency care record as transcribed per the physician's orders, specifically page one of the attached records. The care provided does not require pre-authorization as set forth in the workers compensation rules...' However, the position statement did not explain how the care provided on the disputed date of service was emergency care under TIC §1305.006. The statement and the supporting documentation did not provide a basis or explanation to conclude that the date of service in dispute was emergency care.

DWC concludes that the provider failed to meet its burden of proof to establish that the date of service in dispute was emergency care. 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. DWC 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

_____	_____	January 6, 2025
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. 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.