



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Timmi Sena-Kola
Tuamokumo, MD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-0843-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

December 11, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
2/20/24	99232	\$144	\$0.00
2/21/24	99233	\$206	\$0.00
2/22/24	99233	\$206	\$0.00
2/23/24	99233	\$206	\$0.00
2/24/24	99232	\$144	\$0.00
2/25/24	99232	\$144	\$0.00
2/26/24	99233	\$206	\$0.00
2/27/24	99239	\$212	\$0.00
Total		\$1,468.00	\$0.00

Requester's Position

"I personally saw this patient and provided high quality care as his attending physician. He would attest to that as well. Despite the Texas Mutual UR team not providing communication that he was not being reauthorized [claimant's] care was medically necessary due to him having a multisystem trauma, multiple fractures, and multiple other medical issues. I am attaching the medical record... I am not sure how the UR team is allowed to not respond... I am also attaching our social worker's notes which show multiple attempts to reach UR for Texas Mutual with no response."

Amount in Dispute: \$1,468.00

Respondent's Position

"This claim is in the WorkWell, TX network and the health care service(s) rendered require preauthorization per Rule 134.600. Texas Mutual has no record that the provider obtained preauthorization. South Plans Rehabilitation Hospital requested concurrent 7 days of inpatient rehabilitation; however, this request was non-certified. A copy of the non-certification letter is attached. Health care providers can refer to network preauthorization requirements at texasmutual.com/provider-preauth. Our position is that no payment is due. "

Response Submitted by: Texas Mutual Insurance Company

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 Chapter 1305](#) applies to health care certified networks.

Denial Reason(s)

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

- CAC-W3, 350 - 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.
- CAC-197 - Precertification/authorization/notification absent.
- CAC-198- Precertification/authorization exceeded.
- DC4 - No additional reimbursement allowed after reconsideration.
- 759 - Service not included in and/or exceeds preauthorization approval.
- 785 - Service rendered is integral to service requiring preauthorization or DOS exceeds preauth, additional preauth or extension not on record.

Issues

1. Is this dispute eligible for medical fee dispute resolution under 28 TAC §133.307?
2. Has the requester established that reimbursement is due?

Findings

1. The requester, Timmi Sena-Kola Tuamokumo, MD, submitted medical fee dispute M4-25-0843-01 to DWC for resolution according to 28 TAC §133.307. The dispute pertains to the non-payment of inpatient hospital observation visits provided by the requester on February 20, 2024 through February 27, 2024. A review of the submitted documentation and from information known to DWC, the injured employee's claim is within the WorkWell certified healthcare network. The requester was not participating in the network at the time of the dates of service. As a result, the requester provided out-of-network health care to the injured employee.
2. The requester filed this medical fee dispute with the DWC requesting reimbursement for the disputed services, governed by 28 TAC §133.307 titled *MDR of Fee Disputes*, 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.

The authority of the Division of Workers' Compensation, to resolve matters involving employees enrolled in a certified health care network is limited to the conditions outlined in the applicable portions of the Texas Insurance Code (TIC), Chapter 1305 and limited application of Texas Labor Code statutes and rules, including 28 TAC §133.307.

The insurance carrier denied the disputed medical services because preauthorization was not obtained for the inpatient facility visits.

Texas Insurance Code §1305.106 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](#)."

The insurance carrier does not contest that the disputed charges lack a referral from the injured employee's treating doctor. The DWC determines that the disputed charges qualify for medical fee dispute resolution review.

3. The insurance carrier denied the services in dispute due to lack of preauthorization.

TIC [§1305.103](#) states, "(e) 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."

TIC §1305.006 states, "An insurance carrier that established 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;
- (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 Section [1305.103](#)."

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."

The division determines that the requester has provided insufficient evidence to demonstrate that preauthorization was obtained for the treatment in question. Consequently, the division concludes that, due to this insufficiency, the insurance carrier is not liable for the out-of-network healthcare in question.

- 4. The DWC concludes that, based on the reasons mentioned above, the requester has not demonstrated that reimbursement is warranted. Consequently, reimbursement cannot be recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered. The DWC finds 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 requester is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	July 18, 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 3, 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.