

## Medical Fee Dispute Resolution Findings and Decision General Information

**Requester Name**

TX Health DBA Injury 1

**Respondent Name**

LM Insurance Corp

**MFDR Tracking Number**

M4-25-1295-01

**Carrier's Austin Representative**

Box Number 60

**MFDR Date Received**

February 12, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 13, 2024	90791	\$320.29	\$0.00
<b>TOTAL</b>		<b>\$320.29</b>	<b>\$0.00</b>

### Requester's Position

"The adjuster stated the claim was out of network. The adjuster stated on 10/14/24 that she would have the claim paid. \*\*\* After multiple emails the claim has still has not been paid. We attempted to resolve the dispute with the carrier, and we were not successful."

**Amount in Dispute:** \$320.29

## Respondent's Position

"Dr. Michael Grandison, DO referred the IW to Injury 1 of Dallas. Dr. Grandison, as a provider with Nova Medical Centers, is participating in Corvel HCN. As the treating doctor, it is Dr. Grandison's responsibility to refer to in-network providers or submit an Out Of Network request as per Texas Network Requirements under Section 1305.103(e) which states: *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.* To date, there has been no Out of Network request made to the Corvel HCN by the TD or the RD."

**Response Submitted by:** Corvel

## 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.
3. [TAC §134.240](#) sets out requirements of designated doctor referrals (effective June 1, 2024)

### Denial Reason(s)

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

- 242 – Services not provided by network/primary care prov
- 95 – Service were provided via telemedicine
- NNP – Out-of-network approval not requested prior to rendering services.

### Issues

1. Was the service in dispute referred to by the treating doctor and approved by the Network?
2. Are the disputed services out-of-network health care?
3. If the disputed services are out of network, is the insurance carrier liable for the disputed services under TIC §1305.006?
4. Did the requestor submit documentation to support referred testing?

## Findings

1. A review of the submitted "Initial Behavioral Medicine Assessment" the following statement was made, "(Injured worker) was referred for a behavioral medicine evaluation at the directive of his treating doctor, Dr. Michael Grandison, DO." A review of the submitted documentation and information known to DWC finds no evidence of a request for the examination in dispute. Therefore, DWC finds no evidence to support that the service in dispute was referred to the requestor by the treating doctor.
2. The requestor, TX Health DBA Injury 1 of Dallas submitted medical fee dispute M4-25-1295-01 to DWC for resolution according to 28 TAC §133.307. The dispute concerns a medical evaluation of a new patient provided by the requestor on June 13, 2024. Per the submitted documentation, the injured employee's claim is within the CorVel Healthcare Corporation dba Texas CoreCare certified network. The requestor was not in the network at the time of the date of services in dispute. As a result, DWC finds that the requestor provided out-of-network health care to the injured employee.
3. 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 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.

4. Additionally, DWC Rule 134.240 (e),(f) addresses additional testing referred by a designated doctor and states the following,  
(e) Required testing or evaluation under §127.10 of this title must be billed using the appropriate CPT codes. Reimbursement will be according to §134.203 or other applicable

division fee guideline in addition to the examination fee. If a designated doctor refers an injured employee for additional testing or evaluation under §127.10 of this title:

(1) The 95-day period for timely submission of the designated doctor bill for the examination begins on the date of service of the additional testing or evaluation.

(2) The dates of service (CMS-1500/field 24A) are as follows: the "From" date is the date of the designated doctor examination, and the "To" date is the date of service of the additional testing or evaluation.

**(3) The designated doctor and any referral health care providers must include the DWC-provided assignment number in the prior authorization field (CMS-1500/field 23) in accordance with §133.10(f)(1)(N).**

(f) When the designated doctor refers an injured employee to a specialist for additional testing or evaluation under §127.10 of this title, the referral health care provider must bill:

(1) using the appropriate CPT codes, and the insurance carrier must reimburse, according to §134.203 or other applicable division fee guidelines in addition to the examination fee;

**(2) using the assignment number provided by the designated doctor; and**

(3) attaching the required documentation.

DWC finds that the requestor failed to provide documentation to support that any of the conditions of TIC §1305.006 or that the requirements of DWC Rule 134.204 (e) and (f) (effective June 1, 2024) were met. 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 finds the requestor has not established that reimbursement is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

1 \_\_\_\_\_  
Medical Fee Dispute Resolution Officer

March 12, 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](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, 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.