



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Donald Ammon, D.C.

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-25-1719-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

March 31, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 12, 2024	Examination to Determine Maximum Medical Improvement and Impairment Rating - 99456	\$834.00	\$0.00

### Requestor's Position

"Claim was not paid in full due to doctor not in network.

"I have attached the CMS1500, referral from TD requesting alternate IR, letter from patient attorney stating per Texas Labor code Sec 408.0041 (f-2) claimant's election the treating doctor may send the injured worker to a doctor or the doctor'[s (sic) choosing for an alterante (sic) certification and the supporting documentation for the date of service."

**Amount in Dispute:** \$834.00

### Respondent's Position

"Texas Mutual claim ... is in the WorkWell, TX network. Texas Mutual reviewed its online network provider directory for the requestor's name and tax identification number, and found no evidence DONALD AMMON DC is a network participant.

"Texas Mutual has no evidence the requestor, a non-network provider, received out-of-network

approval to provide the service or treatment. In addition, the requestor has not provided any evidence in its DWC-60 packet ... the physician is not the designated doctor. Therefore, the network requirements apply per Insurance Code 1305.103(e) ...

"This dispute involves a Network requirement under the Insurance Code and not the Labor Code, DWC MDR has no jurisdiction in this matter. 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 \(TLC\) §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. [TLC Sec. 408.0041](#) provides the requirements for designated doctor examinations.
3. [Texas Insurance Code \(TIC\) Chapter 1305](#) governs workers' compensation health care networks.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- CAC-243 – Services not authorized by network/primary care providers.
- D27 – Provider not approved to the WorkWell, TX Network claimant.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.

### Issues

1. Are the disputed services out-of-network health care?
2. Under what conditions is the insurance carrier liable for out-of-network health care?
3. Is the insurance carrier liable for the disputed services?

## Findings

1. The requestor, Donald Ammon, D.C., submitted a medical fee dispute to DWC for resolution according to 28 TAC §133.307. The dispute concerns an examination to determine maximum medical improvement and impairment rating. Per the submitted documentation, the injured employee's claim is within the WorkWell, TX Network. No evidence was provided to support that the requestor was within the WorkWell, TX Network. As a result, the requestor provided out-of-network health care to the injured employee.
2. The requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code statutes and Texas Administrative Code rules, including 28 TAC §133.307. The requirements mentioned in the relevant sections of TIC, Chapter 1305, are applicable to the DWC's ability to apply the TLC statutes and DWC rules for out-of-network health care. TIC §1305.153(c) states 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 which addresses 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."
3. 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. Dr. Ammon argued "that an alternate certification is not required to be in network and your denial is in direct violation of Texas Labor Code 408.0041(f-2) which states that at the Claimant's election the treating doctor may send the injured worker to a doctor of the doctor's choosing for an alternate certification."

TLC §408.0041(f-2) does allow the treating doctor to refer the injured employee to another doctor to determine maximum medical improvement and impairment rating if the injured employee is not satisfied with a designated doctor's opinion. However, it does not provide an exception to TIC §1305.103, which requires the treating doctor to "make referrals to other network providers, or request referrals to out-of-network providers if medically necessary services are not available within the network."

TIC §1305.101 prevents a network doctor from serving as a designated doctor or performing a required medical examination. The examination in question does not fall under that prohibition.

DWC finds that the requestor failed to provide any documentation to support 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 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

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

May 7, 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, 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 1-800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).