



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ferral Endsley, D.O.

Respondent Name

Bitco General Insurance Corp.

MFDR Tracking Number

M4-25-2170-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

May 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 24, 2025	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456	\$834.00	\$0.00

Requestor's Position

"This was verbally authorized by ... on 1/7/25 at 9:54 am when we contacted her to confirm all the claim information. She did NOT relay to us that this was a network claim and that authorization was needed. In fact, she told us it was ok to schedule.

"According to the Corvel website, there are not even any in network providers in this area ... , MUCH LESS a provider who is certified to perform MMI and IR such as Dr Endsley."

Amount in Dispute: \$834.00

Respondent's Position

"CorVel maintains the Requestor, Ferral Endsley(HCP), is not entitled to reimbursement for date of service 02/24/2025 in the amount of \$900 based on failure to obtain out-of-network approval from the Texas CorCare Network prior to services being rendered in accordance with TIC Sec. 1305.103(e) ...

"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 \(TLC\) §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. [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:

- 242 – Services not provided by network/primary care prov
- NNP – Out-of-network approval not requested prior to rendering services
- Comments: "Per the Labor Code: 401.011(19) 'Health care' includes all reasonable and necessary medical aid, MEDICAL EXAMS, medical treatments, medical diagnoses, MEDICAL EVALUATIONS, and medical svcs. This is a medical evaluation. Claim is covered by TX CorCare HCN Per Sec 1305.006(3) a carrier is liable for out-of-network healthcare ONLY if the non-network HCP was referred from the IE's treating doctor AND that referral has been APPROVED by the network pursuant to Sec 1305.103. No OON approval submitted."
- Comments: "Derek Padon, MD received OON approval. However, that OON only applied to him and does not transfer. To date, no OON request has been submitted for Dr. Endsley."

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, Ferral Endsley, D.O., 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 performed by the requestor on February 24, 2025. Submitted documentation indicates that the examination was performed at the request of the injured employee and referred by the treating doctor.

Per the submitted documentation and from information known to DWC, the injured employee's claim is within the Texas CorCare Network. No evidence was provided supporting that the requestor was within the Texas CorCare 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."

TIC §1305.103(e) 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.** 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. [emphasis added]

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.

The service considered in this dispute is not emergency care.

DWC finds that the county that the injured employee lives in is within the established service area of the Texas CorCare Network.

According to the statement provided by the respondent, the treating doctor has been approved by the network. Therefore, a referral from the treating doctor may be made pursuant to TIC §1305.103. No evidence was provided that the requestor received the required network approval.

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

June 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. 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 1-800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.