



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

United Regional Health Care System

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-2933-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

July 17, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 12, 2024 to July 18, 2024	Outpatient Surgery	\$13,573.87	\$0.00

Requester's Position

"The outpatient surgery was approved by Texas Mutual to be performed anytime from 5/28/2024 to 10/11/2024, under authorization ... The planned surgical procedure was ultimately performed on 7/18/2024, and the respective claim was submitted to Texas Mutual on 7/24/2024. However, on 8/27/2024, Provider's claim was denied in its entirety due to 'Services not authorized by network/primary care provider,' and 'Provider not approved to treat WorkWell, TX network claimant.' (See attached Explanation of Benefits) However, the 'attending' physician listed on the UB-04 is, in fact, in-network with WorkWell, TX, and referred Patient to URHCS.

Texas Mutual's guidelines provide exceptions for covering OON services including, as stated in its manual... Since that is what occurred in this case, and the referral being made to URHCS by a WorkWell, TX in network physician, and services were pre-approved, we respectfully request that TDI direct Texas Mutual to reprocess this claim for maximum allowable reimbursement under Texas Administrative Code, along with applicable interest."

Amount in Dispute: \$13,573.87

Supplemental Response: "... Texas Mutual provided a response on 8/1/2025, stating that the Form 60 was filed prematurely since URHCS had submitted a 'subsequent billing.' That is not accurate as there was NO subsequent billing since the original claim filing of the UB-04 on 7/24/2024. The Explanation of Benefits dated 8/7/2025 associated with the invoice number referred to in Texas Mutual's letter relates to a billing received date of 7/18/2025 (verified with Texas Mutual), which resulted from Texas Mutual's receipt of a copy of the Form 60 filing, NOT a subsequent billing by URHCS... As was stated in our dispute, the in-network physician had referred the patient for the scheduled procedure to URHCS, and Texas Mutual pre-authorized the services. Please see additional detail regarding the dispute outlined in our letter of 7/17/2025, which was not addressed in Texas Mutual's response."

Respondent's Position

"Texas Mutual has reviewed the DWC-60 submitted by UNITED REGIONAL HEALTH CARE SYSTEM. The DWC-60 was received prematurely as the provider submitted a subsequent billing which is currently pending finalization ... explanation of benefits will be provided once available. 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Insurance Code \(TIC\) Chapter 1305](#) sets out the general provisions for workers' compensation health care networks.
4. [28 TAC §§10.120 through 10.122](#) sets out the workers compensation health care networks complaints guidelines.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution, benefit review conference.

Denial Reasons

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

- CAC-243 – Service not authorized by network/primary care providers.
- D27 – Provider not approved to treat WorkWell, TX network claimant. For network information call 844-867-2338

- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-W3, 350 – In accordance with TDI-DWC Rule 134.804. This bill has been identified as a request for reconsideration or appeal.

Issues

1. Was the disputed service provided by the requester considered out-of-network healthcare?
2. Is the insurance carrier liable for the out-of-network healthcare in this case?

Findings

1. United Regional Health Care System (the requester) submitted medical fee dispute M4-25-2933-01 to the Division of Workers' Compensation (DWC) for resolution pursuant to 28 TAC §133.307. The dispute concerns outpatient facility services rendered between July 12, 2024, and July 18, 2024.

Based on the documentation provided and information available to DWC, the injured employee's claim is subject to the WorkWell Certified Healthcare Network. At the time the services were rendered, the requester was not a participating provider within this certified network. Therefore, the services were delivered on an out-of-network basis.

The requester asserts entitlement to reimbursement under the Texas Labor Code (TLC) and applicable DWC regulations. The DWC has jurisdiction to review and resolve this type of medical fee dispute.

2. The requester seeks reimbursement in accordance with the Texas Labor Code and applicable regulations, including 28 TAC §133.307. Liability for out-of-network services is governed by Texas Insurance Code (TIC) §1305.006, which outlines the limited circumstances under which an insurance carrier is responsible for out-of-network care.

Under TIC §1305.006, a carrier may be liable for out-of-network services only if one of the following conditions is met:

1. The care qualifies as emergency care;
2. The employee resides outside the network's service area; or
3. The care is provided by an out-of-network provider based on a referral approved by the network under §1305.103.

Upon review, the Division found no documentation to support that the services qualified as emergency care. The requester did not demonstrate that the treatment met the statutory definition of "emergency care" as outlined in TIC §1305.004(13). The available documentation was insufficient to establish that the "emergency" care liability criterion was met.

Regarding the second condition, no evidence was submitted indicating that the injured employee resided outside the network's service area. Therefore, this criterion for liability is not satisfied.

As to the third condition, the requester stated that, "The in-network physician had referred the patient for the scheduled procedure to URHCS, and Texas Mutual pre-authorized the services." However, no supporting documentation was submitted to validate this statement.

Specifically, the following documentation was missing from the Medical Fee Dispute Resolution (MFDR) request:

- A copy of the network-approved out-of-network referral in accordance with Chapter 1305 of the Texas Department of Insurance regulations; and
- A copy of the preauthorization letter from Texas Mutual confirming approval of the services provided at URHCS.

In the absence of this required documentation, the Division cannot confirm that the necessary approvals were obtained in compliance with applicable regulations. Therefore, the criteria for establishing liability under this provision have not been met.

The Division of Workers' Compensation (DWC) finds that the requester has not provided sufficient evidence to demonstrate that an out-of-network referral authorized by certified healthcare network was obtained or that Texas Mutual issued preauthorization for the services in dispute. Accordingly, the DWC concludes that the requester has not established entitlement to reimbursement.

Conclusion

After careful consideration of the submitted documentation, the Division concludes that the requester has not met the burden of proof to establish that the disputed services qualify under any of the circumstances outlined in TIC §1305.006. Specifically:

- No evidence was provided to support a claim of emergency care.
- No documentation demonstrated that the injured employee resided outside the network's service area; and
- No network-approved out-of-network referral was presented.

Accordingly, the requester has not submitted sufficient documentation to support that the insurance carrier is liable for payment of the out-of-network services. Therefore, the dispute is resolved in favor of the insurance carrier.

Order

Based on the submitted information, pursuant to Texas Labor Code 413.031, the DWC hereby determines that the requester is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	October 8, 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.