



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

South Texas Radiology Group

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-0808-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

November 20, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 6, 2025	70450-26	\$84.22	\$0.00
Total		\$84.22	\$0.00

Requester's Position

"Our doctor performed imaging services in the ER at Methodist Hospital. We billed Texas Mutual as this is the information the patient provided. Texas Mutual denied no authorization & documentation does not support an emergency. We sent a request for reconsideration with medical records & that was denied. Please help us with final adjudication of this bill for date of service 04/06/2025".

Amount In Dispute: \$84.22

Respondent's Position

"Texas Mutual reviewed the documentation and found no evidence that the treating or referral doctor had sent the patient to the emergency department.

The facility provided documentation which states headaches with no nausea, dizziness, vomiting, chest pain, neck pain, or focal weakness and numbness. The provider's assessment indicated the patient is otherwise healthy. Therefore, the documentation does not support an emergency...

"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 Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [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. [28 TAC Section 133.305](#) sets out the procedures for resolving medical disputes.

Adjustment Reasons

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

1. CAC-W3, 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
2. CAC-B7 – This provider was not certified/eligible to be paid for this procedure/service on this date of service.
3. CAC-16 – Claim/service lacks information or has submission billing error(s) which is needed for adjudication.
4. CAC-193 – Original payment decision is being maintained, upon review, it was determined that this claim was processed properly.
5. CAC-40 – Charges do not meet qualifications for emergency/urgent care.
6. DC4 – No additional reimbursement allowed after reconsideration.
7. 225 – The submitted documentation does not support the service being billed, we will re-evaluate this upon receipt of clarifying information.
8. 242 – Not treating doctor approved treatment.
9. 899 – Documentation and file review does not support an emergency in accordance with Rule 133.2.

Issues

1. What is DWC considering in this medical fee dispute?
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 Section 1305.006?

Findings

1. The requester seeks reimbursement in the amount of \$84.22 for radiology charges provided on April 6, 2025. The insurance carrier denied the hospital charges citing that the submitted documentation does not support an emergency in accordance with 28 TAC Section 133.2.
2. The requester, South Texas Radiology, submitted medical fee dispute M4-26-0808-01 to DWC for resolution according to 28 TAC Section 133.307. The dispute concerns the non-payment of radiology charges provided by the requester on April 6, 2025. Per 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 in the network at the time of disputed date of service. As a result, the requester provided out-of-network health care to the injured employee.

The requester, having provided out-of-network services, asserts that review of the medical records and find the claimant's injury occurred during the course and scope of their employment, and the services are related to the accepted work comp injury and that the and the respondent carrier is required to pay in accordance with the TLC and DWC rules. A medical fee dispute of this nature is within the jurisdiction of DWC.

3. The requester submitted the dispute requesting reimbursement for the disputed services governed by the Texas Labor Code (TLC) legislation and rules, including 28 TAC Section 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 Section 1305.153 (c) provides that "Out-of-network providers who provide care as described by Section 1305.006 shall be reimbursed as provided by the Texas Workers' Compensation Act and applicable rules of the commissioner of workers' compensation".

TIC Section 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".

Accordingly, the requester bears the burden of demonstrating that one of the exceptions outlined in TIC Section 1305.006 applies in order to establish the insurance carrier's liability for the disputed services.

In this case, there is no evidence establishing that subsections (1), (2), or (3) apply. The Division of Workers' Compensation (DWC) therefore concludes that the provider failed to meet its burden of proof to show that:

1. the disputed dates of service constituted emergency care;
2. the injured employee resides outside the service area of any applicable network; or
3. the out-of-network services were provided pursuant to a referral from the treating doctor that was approved by the network.

As a result, liability for the disputed services has not been established under TIC Section 1305.006.

TAC Section 133.307(c)(2)(N) requires a position statement including: (i) the requestor's reasoning for why the disputed fees should be paid or refunded, (ii) how the Labor Code and DWC rules, including fee guidelines, impact the disputed fee issues, and (iii) how the submitted documentation supports the requestor's position for each disputed fee issue.

The documentation submitted is insufficient to establish that the services provided constituted emergency care, that the injured employee resides outside the service area of any applicable network, or that the out-of-network services were rendered pursuant to a referral from the treating doctor that was approved by the network, as required under Texas Insurance Code (TIC) Section 1305.006.

Because the services at issue were not shown to satisfy any of the exceptions set forth in TIC Section 1305.006, the insurance carrier is not liable for the non-network care.

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 concludes that the insurance carrier is not liable for the disputed services.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 19, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.