



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

UT Southwestern University Hospital

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-1281-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

January 8, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
February 27, 2025	Not identified	\$55,016.70	\$0.00
Total		\$55,016.70	\$0.00

Requester's Position

"The above referenced claim was initially denied due we are not contracted with Workwell. We obtain out of network approval from Workwell. As the medical record reflects and as confirmed by our internal clinical denials team: (a) the treatment provided is clearly appropriate given the patient's condition. (b) the treatment provided is clearly within generally accepted standards of medical care in the community and (c) the treatment provided was not for the convenience of the patient or the provider.

Please review the attached documents showing approved by Workwell and auth approval. Based on this information this claim should be reprocess for payment".

Amount In Dispute: \$55,016.70

Respondent's Position

"Texas Mutual has reviewed the network provider directory for the provider's name and tax identification number and confirmed no record of UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL as a participant.

As you can see from the provided claim network status document(Attachment), claim... was in-network from 2/2/2025 up until 6/26/2025, at which time it transitioned to out-of-network status.

Therefore, at the time of the dispute on 2/27/2025, the claim status was in-network.

As an out-of-network provider, approval is required before rendering service or treatment. Texas Mutual did not receive or find any evidence of out-of-network approval obtained by the requestor...

"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-P12 – Workers Compensation jurisdictional fee schedule adjustment.
2. CAC-243 – Services not authorized by network/primary care providers.
3. CAC-97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
4. D27 – Provider not approved to treat WorkWell, TX Network claimant.
5. 217 – The value of this procedure is included in the value of another procedure performed on this date.
6. 305 – the implant is included in this billing and is reimbursed at the higher percentage calculation.

7. 618 – The value of this procedure is packaged into the payment of other services performed on this date of service.

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 \$55,016.70 for outpatient facility charges provided on February 27, 2025. The insurance carrier denied the hospital charges citing that the services were not authorized by network/primary care providers.
2. The requester, UT Southwestern University Hospital, submitted medical fee dispute M4-26-1281-01 to DWC for resolution according to 28 TAC Section 133.307. The dispute concerns the non-payment of hospital charges provided by the requester on February 27, 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, in support of their position, submitted a copy of a URA approval issued by Genex, dated February 28, 2025, authorizing a surgical procedure. The approval is addressed to Nathan Boes, M.D. However, page 2 of the URA decision does not include a facility name or phone number. The URA decision notes:

“While the medical necessity for the requested treatment has been established, this Health Care Network claim requires that the provider or facility rendering treatment for the injured worker is in-network or has out-of-network approval. To ensure payment is not affected, please verify your network status prior to providing the approved treatment”.

Additionally, the requester submitted a copy of an out-of-network approval issued by WorkWell, TX, dated February 6, 2025. This approval is also addressed to Nathan Boes, M.D. and states, in part:

“Please note approval is specific to you and does not extend to any other associates or services. The extent of treatment to be provided is limited to the referral consultation and/or services not available within the network. If any additional services are required, please refer the patient to a network provider or facility. The provider directory is available at texasmutual.com”.

Disputes of this nature fall within the jurisdiction of the Division of Workers' Compensation (DWC) and are reviewed pursuant to the applicable rules and guidelines. The requester asserts, in part:

"...the attached documents show approval by WorkWell and URA approval. Based on this information, this claim should be reprocessed for payment".

A medical fee dispute of this type is therefore within the jurisdiction of the 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 demonstrate 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 physician approved by the network, as required under Texas Insurance Code (TIC) Section 1305.006.

Because the requester did not provide a copy of an out-of-network approval for the services in question, the Division of Workers' Compensation (DWC) finds that the documentation does not establish that out-of-network approval or preauthorization was obtained for UT Southwestern Medical Center. Furthermore, the documentation does not meet any of the exceptions outlined in TIC Section 1305.006; therefore, the insurance carrier is not liable for the out-of-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 27, 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.