



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Dr. Mark H Henry

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-26-2104-01

**Insurance Carrier's Austin Representative**

BOX 54 Texas Mutual Insurance Co

**DWC Date Received**

March 30, 2026

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 8, 2025	99203	\$285.00	\$0.00
September 8, 2025	73130	\$92.78	\$0.00
September 8, 2025	99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$392.78</b>	<b>\$0.00</b>

### Requester's Position

"As clearly stated in the medical record, after personally examining this patient, I have determined that this injured worker's medical condition, indicated by and matching the ICD10 code on the CMS-1500 claim form was a medical emergency condition on this date of service, as defined in the Texas Administrative Code. ...Under Texas law, no preauthorization or network participation by me, the medical provider examining and treating the patient, is required when the injured worker is diagnosed with a medical emergency condition(s) such as this patient sustained, and for which I rendered the usual, customary and necessary treatment(s) indicated by CPT code(s) in my medical record and on the CMS-1500 claim form."

**Amount In Dispute:** \$392.78

## Respondent's Position

"This claim is in the WorkWell, TX network. Texas Mutual has reviewed the network provider directory for the provider's name and tax identification number and confirmed no record of HAND AND WRIST CENTER OF HOUSTON as a participant. 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. Section 1305.103 of the Insurance Code 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." ...In addition, the documentation included with the bill does not support a medical emergency per rule 133.25(5)(A). Rule 133.2(5)(A) states "a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate attention could reasonably be expected to result in: (i) placing the patient's health or bodily functions in serious jeopardy, or (ii) serious dysfunction of any body organ or part. Our position is that no payment is due."

**Response Submitted By:** Texas Mutual

## 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 Chapter [1305](#) sets out the general provisions for workers' compensation health care networks.

### Adjustment Reasons

- D27 – Provider not approved to treat Workwell, TX Network Claimant.
- Duplicate appeal. Network contract applied by Workwell, TX network.
- Reconsideration discussion. 892, 226 Documentation does not support/substantiate a medical emergency which is defined by Texas Insurance Code Sec. 1305.004 (A)(13).
- CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-18 – Exact duplicate claim/service.

- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-243 – Services not authorized by Network/Primary Cre providers.
- DC4 – No additional reimbursement allowed after reconsideration.
- DC7 - Provider not approved to treat Workwell, TX Network claimant.
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### 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 is seeking reimbursement of professional medical services rendered on September 8, 2025 in the amount of \$392.78.
2. The requestor, Dr. Mark Henry, submitted medical fee dispute M4-M4-26-2104-01 to DWC for resolution according to 28 TAC §133.307. The dispute concerns evaluation and management code 99204, radiology code 73130 and work status report 99080-73 provided by the requestor on September 8, 2025. Per the submitted documentation and from information known to DWC, the injured employee's claim is within the WorkWell Texas certified network. The requestor was not in the network at the time of the date of service(s). As a result, the requestor provided out-of-network health care to the injured employee. The Requestor, having provided out-of-network services, asserts that the care provided was "emergency care" such that network-based restrictions are inapplicable, 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 requestor submitted the dispute requesting reimbursement for the disputed services as governed by the Texas Labor Code (TLC) legislation and rules, including 28 TAC §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 §1305.153 (c) provides 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 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."

The requestor therefore has the burden to prove that the exceptions outlined in the TIC §1305.006 were met for the insurance carrier to be liable for the disputed services. The requestor contends that the disputed services were provided for emergency care in TIC §1305.006(1). TIC §1305.006(2) and (3) were not shown to be applicable in this case.

DWC concludes that the provider failed to meet its burden of proof to establish that the dates of service in dispute were emergency care. 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 position statement did not explain how the care provided on the dates of service were emergency care under TIC §1305.006. Furthermore, for the dates of service at issue, the documentation provided was not sufficient to show that the care provided was for a medical emergency as defined in TIC §1305.004(13). Because the treatment for these dates of service was not shown to be emergency care, the insurance carrier is not liable for this non-network care under TIC §1305.006.

### Conclusion

The outcome of this medical fee dispute is based on the evidence the requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

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

\_\_\_\_\_  
April 17, 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](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 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 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](mailto:CompConnection@tdi.texas.gov).