



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Baylor University Medical Center

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-2153-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

April 1, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
August 4, 2025	Hospital Outpatient	\$6,053.65	\$0.00
Total		\$6,053.65	\$0.00

Requester's Position

"Texas Mutual denied BSWH's outpatient claim because the services were not authorized by the network/primary care providers and the provider was not approved to treat the WorkWell, Tx network claimant. BSWH disagreed with this denial rationale and filed two appeals with Texas Mutual dated September 30, 2025 and December 11, 2025 (see the appeal letters and Explanation of Benefits (EOB) attached). BSHW argued in the appeal letters to Texas Mutual that BSWH received the approval authorization number 7048799, valid from July 23, 2025 – November 20, 2025 for the requested services of IVC filter removal (CPT 37193) from Genex."

Amount In Dispute: \$6,053.65

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 BAYLOR UNIV MEDICAL CENTER ER 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 ... Since this fee reimbursement dispute involves a network requirement under the Insurance Code rather than the Labor Code, Texas Mutual believes this dispute is outside the jurisdiction of DWC MDR.”

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. 28 TAC Section [133.305](#) sets out the procedures for resolving medical disputes.
3. Texas Insurance Code Chapter [1305](#) sets out the general provisions for workers' compensation health care networks.
4. [28 TAC §141.1](#) sets out the guidelines for dispute resolution benefit review conference.
5. [28 TAC §§10.120 through 10.222](#) sets out the workers compensation health care networks complaints guidelines.

Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. CAC-W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
2. CAC-193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly
3. CAC-243 – Services not authorized by network/primary care providers
4. DC4 – No additional reimbursement allowed after reconsideration. For information call (888) 532-5246
5. D27 – Provider not approved to treat WorkWell, TX Network claimant. For network information call 844-867-2338
6. 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
7. CAC-18 – Exact duplicate claim/service

Issues

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

2. Were the disputed services provided by the requester out-of-network healthcare?
3. Is the insurance carrier liable for the out-of-network healthcare in this case

Findings

1. Requester submitted a medical fee dispute request for Hospital Outpatient reimbursement in the amount of \$6,053.65 rendered on August 4, 2025. Insurance carrier denied the services with denial codes listed above (description above) and issued no payment.
2. The requester, Baylor University Medical Center, submitted medical fee dispute M4-26-2153-01 to the Division of Workers' Compensation (DWC) for resolution under 28 TAC Section 133.307. The dispute involves Hospital Outpatient services rendered on August 4, 2025.

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

The requester contends that " Texas Mutual denied BSWH's outpatient claim because the services were not authorized by the network/primary care providers and the provider was not approved to treat the WorkWell, Tx network claimant." and asserts that this entitles them to reimbursement under the Texas Labor Code (TLC) and applicable DWC rules. The DWC has jurisdiction to review and resolve medical fee disputes of this nature.

3. The requester seeks reimbursement pursuant to the Texas Labor Code (TLC) and applicable regulations, including 28 TAC Section 133.307. Liability for out-of-network care is governed by the Texas Insurance Code (TIC) Section 1305.006, which specifies the limited circumstances under which an insurance carrier is responsible for such care.

TIC Section 1305.006 identifies three scenarios that may impose liability on an insurance carrier for out-of-network services:

- Emergency care.
- Care provided to an employee residing outside any network service area; and
- Care delivered by an out-of-network provider following a network-approved referral under Section 1305.103.

The requester's statement failed to adequately demonstrate that the care met the statutory definition of "emergency care" as set forth in TIC Section 1305.004(13). Moreover, the supporting documentation was insufficient to substantiate a claim under this provision.

Regarding subsection (2), the Division found no evidence that the injured employee resided outside the network's service area. Consequently, the requirements to establish liability under this subsection were not satisfied.

With respect to subsection (3), the Division noted no documents confirming a network-approved referral was submitted. Thus, the criteria for liability under this subsection was not met.

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. [Click or tap here to enter text.](#)

Authorized Signature




Medical Fee Dispute Resolution Officer

April 10, 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.