By: Giddings H.B. No. 3168

## A BILL TO BE ENTITLED

1 AN ACT

- 2 relating to determination of workers' compensation benefits and to
- 3 dispute resolution regarding those benefits.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 5 SECTION 1. Section 413.031, Labor Code, is amended by
- 6 amending Subsections (e) and (g)-(l) and adding Subsection (m) to
- 7 read as follows:
- 8 (e) Except as provided by Subsection (d), (f), or (g), a
- 9 review of the medical necessity of a health care service provided
- 10 under this chapter or Chapter 408 shall be conducted by an
- 11 independent review organization under Article 21.58C, Insurance
- 12 Code, in the same manner as reviews of utilization review decisions
- 13 by health maintenance organizations. It is a defense for the
- insurance carrier if the carrier timely complies with the decision
- of the independent review organization.
- 16 (g) The commission by rule may specify an alternate dispute
- 17 resolution process for medical services costing less than the cost
- 18 of a review of medical necessity by an independent review
- 19 organization. The cost of a review under this process shall be paid
- 20 by the nonprevailing party.
- (h) In performing a review of medical necessity under
- 22 Subsection (d) or (e), an independent review organization may
- 23 request that the commission order an examination by a designated
- 24 doctor under Chapter 408.

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- (i) (h) The insurance carrier shall pay the cost of the review if the dispute arises in connection with a request for health care services that require preauthorization under Section 413.014 or commission rules under that section.
- 5 <u>(j)</u> [<del>(i)</del>] Except as provided by Subsection <u>(i)</u> [<del>(h)</del>], the cost of the review shall be paid by the nonprevailing party.
- 7 (k) [(j)] Notwithstanding Subsections [(h) and] (i) and 8 (j), an employee may not be required to pay any portion of the cost of a review.

- (1) [(k)] Except as provided by Subsection (m) [(1)], a party to a medical dispute that remains unresolved after a review of the medical service under this section is entitled to a hearing. The hearing shall be conducted by the State Office of Administrative Hearings within 90 days of receipt of a request for a hearing in the manner provided for a contested case under Chapter 2001, Government Code (the administrative procedure law). A party who has exhausted the party's administrative remedies under this subtitle and who is aggrieved by a final decision of the State Office of Administrative Hearings may seek judicial review of the decision. Judicial review under this subsection shall be conducted in the manner provided for judicial review of contested cases under Subchapter G, Chapter 2001, Government Code.
- 23 (m) [(1)] A party to a medical dispute regarding spinal surgery that remains unresolved after a review by an independent review organization as provided by Subsections (d) and (e) is entitled to dispute resolution as provided by Chapter 410.
- SECTION 2. Section 408.123, Labor Code, is amended by

- adding Subsections (d), (e), (f), and (g) to read as follows:
- 2 (d) Except as provided in Subsections (e), (f), and (g), the
- 3 first valid certification of maximum medical improvement and the
- 4 first valid assignment of impairment rating to an employee are
- 5 final if the certification of maximum medical improvement and/or
- 6 the assigned impairment rating is not disputed within 90 days after
- 7 written notification of the maximum medical improvement and/or
- 8 assignment of impairment rating is provided to the claimant and the
- 9 carrier by verifiable means.
- 10 (e) The first certification of maximum medical improvement
- and/or impairment rating may be disputed after the 90-day period
- 12 if:
- 13 (1) there is compelling medical evidence establishing
- 14 the following:
- 15 (A) a significant error on the part of the
- 16 certifying doctor in applying the appropriate American Medical
- 17 Association Guides and/or calculating the impairment rating;
- 18 (B) a clear misdiagnosis or a previously
- 19 undiagnosed medical condition; or
- 20 (C) prior improper or inadequate treatment of the
- 21 <u>injury which would render the certification of maximum medical</u>
- 22 <u>improvement or impairment rating invalid; or</u>
- 23 (2) there are other compelling circumstances as
- 24 established by commission rule.
- 25 (f) If an employee has not been certified as having reached
- 26 maximum medical improvement before the expiration of 104 weeks from
- 27 the date on which income benefits begin to accrue or the expiration

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- of the date of any extension under Section 408.104, the impairment
- 2 rating assigned after the end of the 104 weeks or after the end of
- 3 the extended period under Section 408.104 is final if the
- 4 impairment rating is not disputed within 90 days after written
- 5 notification of the maximum medical improvement and/or assignment
- 6 of impairment rating is provided to the claimant and the carrier by
- 7 <u>verifiable means.</u>
- 8 (g) If a disputed certification of maximum medical
- 9 improvement or assignment of impairment rating is finally modified,
- 10 overturned, or withdrawn, the first subsequent certification and
- 11 assignment becomes final if it is not disputed within 90 days after
- 12 written notification of maximum medical improvement and/or
- 13 assignment of impairment rating is provided to the claimant and the
- 14 carrier by verifiable means.
- 15 SECTION 3. This Act takes effect immediately if it receives
- 16 a vote of two-thirds of all the members elected to each house, as
- 17 provided by Section 39, Article III, Texas Constitution. If this
- 18 Act does not receive the vote necessary for immediate effect, this
- 19 Act takes effect September 1, 2003.
- 20 SECTION 4. The change in law made by this Act applies to a
- 21 request for medical dispute resolution filed with the Texas
- 22 Workers' Compensation Commission on or after the effective date of
- 23 this Act.