Fast Facts

Benefit Dispute Resolution

(compensability, extent of injury/relatedness, or liability)

A workers' compensation insurance carrier is only liable for benefits related to compensable work-related injuries.

An injury is compensable if the insurance carrier accepted liability for the injury or the Division of Workers' Compensation (DWC) determined the injury is compensable during the dispute resolution process. Typical compensability disputes are:

- Course and scope – whether the injury, illness, condition, or death was caused by the injured employee's work activities (PLN01-Notice of Denial of Compensability/Liability and Refusal to Pay Benefits), or
- Extent of injury – whether a new injury, illness, or medical condition was caused by the original work injury or whether the medical treatment is related to a compensable injury (relatedness). (PLN11-Notice of Disputed Issue(s) and Refusal to Pay Benefits)

Learn more about other compensability issues:

- Exceptions to an insurance carrier's liability for a work-related injury
- Reporting requirements for a workers' compensation claim in Texas Labor Code Sections 409, Subchapter A, §§409.001 and 409.002

If the insurance carrier denies a medical bill for compensability, extent of injury/relatedness, or liability do not bill the injured employee until the dispute is finally adjudicated by DWC as not compensable. Final adjudication is when a decision issued by DWC is no longer appealable by either party to the dispute.

Claim adjustment reason codes on an explanation of benefits (EOB) associated with CEL denials are:

219 - Based on extent of injury
P2 - Not a work-related injury/illness and thus not the liability of the workers' compensation carrier
P4 - Workers' compensation claim adjudicated as non-compensable
P6 - Based on entitlement to benefits
P8 - Claim is under investigation

DWC has a dispute resolution process that includes:

- Benefit review conferences (BRCs)
- Contested case hearings (hearings) or Arbitration
- Appeals Panel

A health care provider may become a party to a proceeding as a subclaimant and seek final adjudication from DWC on compensability, extent of injury/relatedness, or liability issues by requesting to schedule a BRC.

Requesting a BRC

1. Before submitting a request for a BRC:
   - Try to resolve the disputed issue(s) with the insurance carrier by requesting reconsideration and providing pertinent information.
   - If you cannot resolve the issue(s), notify the injured employee in writing of:
     i. your intent to pursue a claim for reimbursement of a medical benefit;
     ii. a warning that a decision rendered may be binding against the injured employee; and

iii. the contact information for the Office of the Injured Employee Counsel.

2. Submit written notice identifying yourself as a subclaimant to DWC and insurance carrier.
   - Follow all directions on the request for a BRC.
   - Attach your reconsideration request documenting your efforts to resolve the issue(s). Do not include all attachments of pertinent information (medical records) exchanged with the insurance carrier. See Deadlines for exchanging information below.
   - Sign the certification statement at the end of the form.

Deadlines for exchanging information
- Send a copy of all pertinent information to DWC at least 14 days before the BRC.
- Send copies of any pertinent information to the insurance carrier that you have not already sent at least 14 days before the BRC.
- Send a copy of any new information to DWC and the insurance carrier.

Learn more about:
- Sending information for dispute resolution
- How to attend a virtual benefit review conference
- Dispute resolution resources webpage

Pertinent information may include:
- Medical Records;
- Emergency room reports;
- Medical narratives from a doctor to establish the relationship between the original claimed injury (or disease) and the injured employee's work activities. (See Information for treating doctors regarding causation analysis);
- For an occupational disease, there must be medical information that establishes the relationship between the disease and the injured employee's work activities;
- For a repetitive trauma injury, there must be information that shows the duration, frequency, and nature of the activities alleged to be traumatic and medical information to show the relationship between the injury and work activities;
- For a mental trauma injury, there must be information to show that the mental trauma is traceable to a definite time, place and cause;
- For a heart attack, there must be medical information to show that the work rather than the natural progression of a preexisting heart condition or disease was a substantial contributing factor of the heart attack.