

TexasMutual  
WORKERS' COMPENSATION INSURANCE  
WORK SAFE TEXAS



# WORKWELL, TX

Health care network information | As of January 1, 2018





Dear Employer,

At Texas Mutual Insurance Company, we are committed to the safety of Texas workers. WorkWell, TX serves as an extension of that commitment, ensuring quality care for employees who are injured on the job.

WorkWell, TX is a workers' compensation health care network certified by the state of Texas. By choosing the network option from Texas Mutual, you keep your costs low with a network discount and our focus on getting injured workers well and back on the job. Our providers have been chosen to treat your employees because of their proven record of success with work-related injuries and illnesses.

A network that offers high-quality care, better results, and savings is a win-win for you and your employees.

To help introduce your employees to WorkWell, TX, this packet offers information and resources, which they must read and sign. Start by reviewing the checklist below to discover what you and your workforce will need to know and do in case an injury occurs.

### Employer Checklist

1. Review this packet.
2. Post the **Notice of Network Requirements** in a common area where your employees will see it.
3. Distribute the Notice of Network Requirements to employees when you begin the program, within 3 days of hiring a new employee, and at the time of injury. Keep a record of how, when, where and to whom you delivered the Notice of Network Requirements.
4. Have all employees sign the **Employee Acknowledgment** form and keep it in the employee's personnel file. (An employee who refuses to sign remains subject to network requirements. Document a refusal to sign the acknowledgment in the employee's personnel file.)
5. When an injury occurs, report it immediately to Texas Mutual and if necessary, provide or arrange transportation for the injured employee to the network provider, or emergency facility if appropriate.
6. Work-related injuries must be treated by network-approved physicians. Review the online provider directory on [texasmutual.com](http://texasmutual.com) for a list of network providers. If you or an injured employee needs help locating a provider, you may call WorkWell, TX at (844) 867-2338.

Thank you for choosing WorkWell, TX. If you have any questions, please contact us at (844) 867-2338 or visit [texasmutual.com](http://texasmutual.com).

Sincerely,

WorkWell, TX Support Team  
(844) 867-2338



**WORKWELL, TX**





# WORKWELL, TX

## Notice of Network Requirements

(Post in visible area for all employees)

Your employer has chosen WorkWell, TX as its certified workers' compensation health care network in partnership with Texas Mutual Insurance Company, a workers' compensation insurance carrier. WorkWell, TX will manage the health care and treatment you may receive if you are injured on the job or diagnosed with an occupational illness while employed here. WorkWell, TX doctors are trained in treating work-related injuries and illnesses and getting people back to work and back to a productive life.

The information in this packet will help you to seek care for your injury and describes what to do if you are injured while on the job.

### **What to do if you are injured while on the job**

If you are injured at work, tell your employer right away. Your employer will help with any questions you may have about seeking treatment through WorkWell, TX. You may also contact Texas Mutual if you have any questions about your treatment. Our shared goal with your employer is to return you to work as soon as it is safe to do so.

A list of network doctors in your service area is available on [texasmutual.com](http://texasmutual.com) or by downloading the WorkWell, TX mobile app. You may contact us at (844) 867-2338 or at the address below for assistance.

WorkWell, TX  
6210 East Highway 290  
Austin, Texas 78723-1098

### **In case of an emergency**

If you are injured and it is an emergency, you should seek treatment at the nearest medical care facility immediately. This also applies if you are injured outside the service area. Emergency care does not require preapproval. Texas law defines "medical emergency" as a medical condition that comes up suddenly.

After you receive emergency care, you may need ongoing care. Select a network doctor from the WorkWell, TX network. The doctor you choose will oversee the care for your injury. You must obtain referrals to see another health care provider or specialist from your treating doctor, except for emergency care.



## **Non-emergency care**

Report your injury to your employer as soon as you can. Find a network treating doctor on [texasmutual.com](http://texasmutual.com) or by downloading the WorkWell, TX mobile app. Go to that doctor for treatment.

Treatment prescribed by your doctor may need to be approved in advance. Your doctor needs to request approval from the network for a specific treatment before the treatment or service is provided. You may continue to need further care after completing the approved treatment.

## **Choosing a treating doctor**

If you are hurt at work and it is not an emergency and you live in the network service area, you must choose a treating doctor from the WorkWell, TX network. This is required so that WorkWell, TX covers the costs for the care. If you belong to a health maintenance organization (HMO) at the time of your injury, you may choose your HMO primary care doctor as your treating doctor. You must have chosen the doctor as your primary care doctor before your injury. We will approve the choice of your HMO doctor if they agree to the terms of the network contract and to abide by applicable laws.

For a list of network doctors available in your area, please visit [texasmutual.com](http://texasmutual.com) or download the WorkWell, TX mobile app. The WorkWell, TX provider directory is updated monthly. Doctors who speak Spanish or who are no longer taking new patients will be flagged with an icon on their record.

If your treating doctor leaves the network, we will notify you in writing. You will have the right to choose another treating doctor from the network directory. If your doctor leaves the network and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request to continue your treatment for an extra 90 days.

If you live outside of the service area, you may request a service area review by calling WorkWell, TX. You should provide proof to support your request. WorkWell, TX will inform you of its decision within seven days of receiving your request. If you disagree with WorkWell, TX's final decision, you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, phone number, a copy of WorkWell, TX's decision and any proof you sent to WorkWell, TX for review. A complaint form is available on [tdi.texas.gov](http://tdi.texas.gov) or you may ask for a form by writing to:

Managed Care Quality Assurance Office  
Mail Code 103-6A  
Texas Department of Insurance  
PO Box 149104  
Austin, Texas 78714-9104

When waiting for WorkWell, TX to make a decision or for the Texas Department of Insurance to review your complaint, you are still expected to use the network for all health care. You may be required to pay for health care services received out of the network if it is decided you do live in the network's service area.



## **Changing doctors**

If you are not satisfied with your first choice of a treating doctor, you can select a different treating doctor from the network directory. We will not deny your choice to see a different treating doctor. Before you can change treating doctors a second time, you must get permission from the network by calling (844) 867-2338.

## **Referrals**

You do not have to get a referral if you have an emergency. All other health care and specialist referrals should be made through your treating doctor. All health care services that you request will be made available by the network on a timely basis, as required by your medical condition. This includes referrals. All health care services, including referrals, will be made available within 21 days after your request.

## **Out-of-network approvals**

WorkWell, TX must approve all of your treating doctor or specialist's out-of-network referrals before you visit the provider. If you need to request approval, please call (844) 867-2338.

## **Payment for health care**

Network doctors have agreed to seek payment from Texas Mutual for your treatment. They will not look to you for payment. If you receive treatment from a doctor who is not in the network without prior approval from WorkWell, TX, you may have to pay for the cost of that care. Medical costs for treatment by non-network health care providers may be covered only if one of the following situations occurs:

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within the service area of the network.
- Your treating doctor or specialist refers you to an out-of-network provider or facility and WorkWell, TX approves the referral.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

## **Preauthorization, adverse determination and independent review**

A list of the procedures and services that need preauthorization is on [texasmutual.com](http://texasmutual.com). The list in this packet is not intended to be all-inclusive; health care is an evolving science. Procedures and treatments requiring prior approval will also evolve. Treating providers should verify preauthorization requirements by referring to the updated list on [texasmutual.com](http://texasmutual.com).

If WorkWell, TX denies the request, you or the requesting doctor may ask for a review of that decision. If still dissatisfied, you, your provider or a person acting on your behalf may request an independent review. The preauthorization agent will provide any relevant medical records related to the injury to the independent review group. They may also provide any treatment guidelines used and a list of the doctors who provided care to you.



## Complaints

We take your concerns seriously. If you are dissatisfied, you can file a complaint with WorkWell, TX. You may do this if you are not satisfied with any aspect of the network, including care you received. You must file your complaint within 90 days after the date of the event that is the basis for the complaint.

If you have questions about the complaint process you can reach the Grievance Coordinator by phone at (844) 297-5723, by fax at (512) 224-8800, by email at [wwtxcomplaints@texasmutual.com](mailto:wwtxcomplaints@texasmutual.com), or by mail at the address below.

WorkWell, TX  
Attention: Grievance Coordinator  
PO Box 12029  
Austin, Texas 78711-2029

Texas law does not permit WorkWell, TX to retaliate against you if you file a complaint against the network. We will not retaliate if you appeal the decision of the network. The law does not permit us to retaliate against your provider if they file a complaint against the network or appeal the decision of the network on your behalf.

You have the right to file a complaint with the Texas Department of Insurance. The Texas Department of Insurance complaint form is available on the department's website at [tdi.texas.gov](http://tdi.texas.gov) or you may request a form by writing to:

Managed Care Quality Assurance Office  
Mail Code 103-6A  
Texas Department of Insurance  
PO Box 149104  
Austin, Texas 78714-9104



# WorkWell, TX Preauthorization List

## Hospital/ASC

All non-emergency hospital or ASC (inpatient, outpatient, and observation) admissions including principle scheduled procedures and length of stay. Preauthorization request should include specific hardware, implantables, external delivery system, etc. to be utilized.

## Surgery/Procedures/Integral Devices

All non-emergency surgeries represented by AMA CPT codes 10010-69990 and/or G codes which represent a surgical procedure performed in a setting or place of service other than the doctor's office [POS 11]. Preauthorization request should include specified hardware, implantables, external delivery system, etc. to be utilized.

- All botox injections
- All spinal injections (including but not limited to):
  - » Epidural steroid injections
  - » RFTC or cryotherapy/cryoablation
  - » Sacral iliac joint injection
  - » Facet injection
  - » Medical branch block
- Trigger point injections (AMA CPT 20553)
- Bone growth stimulators
- Discograms
- Implantable drug delivery system
- Investigational or experimental procedures or devices as determined by ODG or listed as an AMA category III code. Stimulator devices (including, but not limited to):
  - » TENS units
  - » Interferential units
  - » Neuromuscular stimulators
  - » Dual units
  - » Spinal cord stimulator
  - » Peripheral nerve stimulator
  - » Brain stimulator

## Physical Medicine

- All chiropractic treatments
- Manipulations under anesthesia (MUA)
- All PT/OT (unless requestor or rendering provider/facility is participating through Align)
- Biofeedback

## Diagnostics

- All initial and repeat MRI and CT scans
- Bone density scans
- Surface electromyography (EMG)
- Unless otherwise specified in this list, all repeat individual diagnostic studies (series) having a billed amount greater than \$350.
- Surface electromyography (EMG)

## Other

- Durable medical equipment (DME), prosthetics and/or orthotics, greater than \$500.00 billed (purchase or accumulated rental or combination of rental/purchase)
- Gym memberships
- Texas Department of Insurance, Division of Workers' Compensation (DWC) Pharmacy Closed Formulary per 28 TAC §134, Subchapter F.

## Alternative Treatment

- Acupuncture outside ODG
- Acupressure
- Yoga

## Rehab Programs

- Work conditioning
- Work hardening
- Chronic pain management program
- Medical rehabilitation
- Brain and spinal cord rehabilitation
- Chemical dependency programs
- Weight loss programs

## Nursing Home

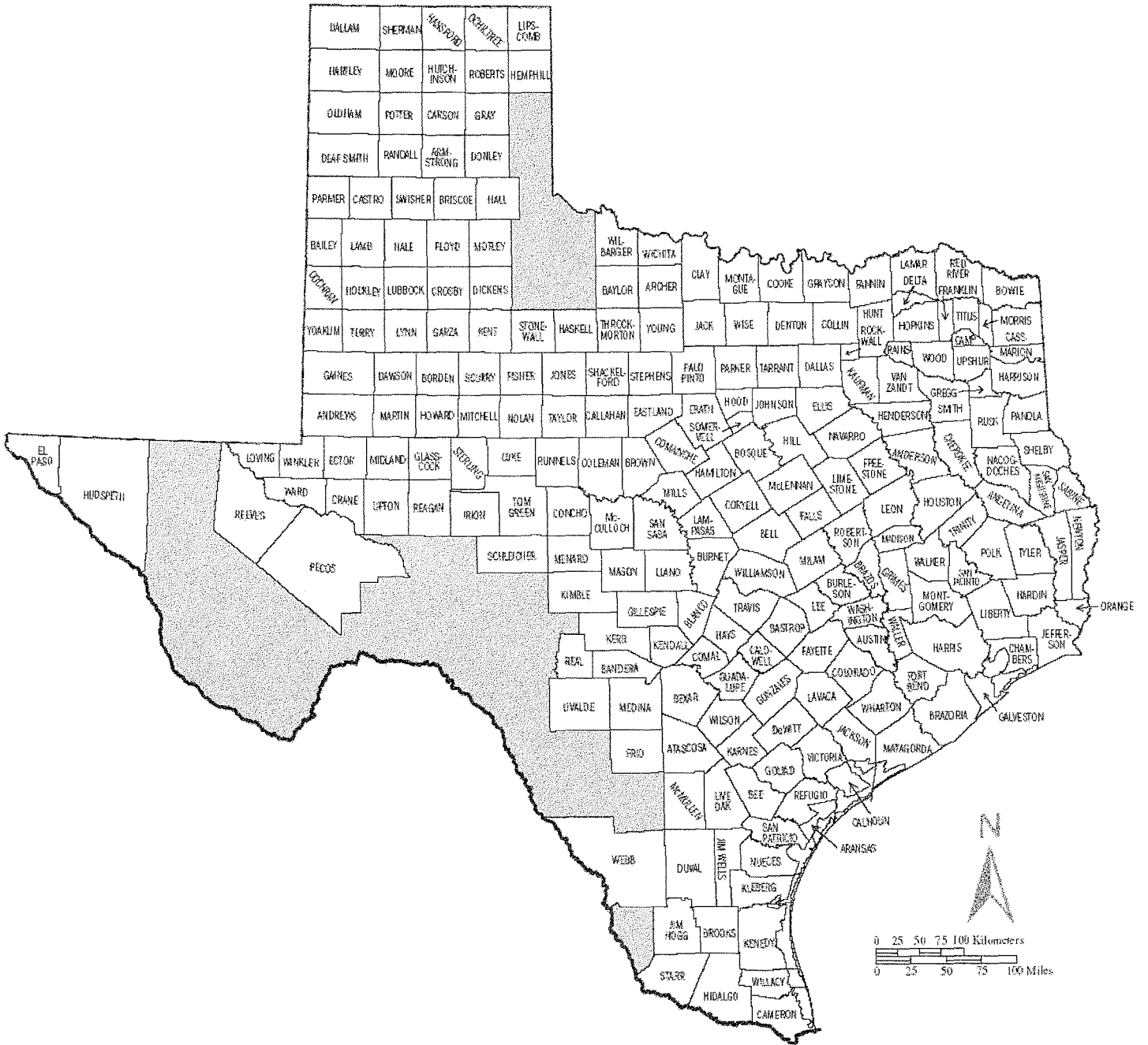
- Skilled nursing facility, including skilled care within the same facility
- Convalescent care
- Residential care
- Assisted living/group homes

## Psychological Testing and Psychotherapy

- Subsequent evaluations
- Subsequent tests or testing
- Therapy
- Biofeedback



# WorkWell, TX Service Area Map





# WorkWell, TX Service Area County List

## A

Anderson  
Andrews  
Angelina  
Aransas  
Archer  
Armstrong  
Atascosa  
Austin

## B

Bailey  
Bandera  
Bastrop  
Baylor  
Bee  
Bell  
Bexar  
Blanco  
Bosque  
Bowie  
Brazoria  
Brazos  
Briscoe  
Brooks  
Brown  
Burleson  
Burnet

## C

Caldwell Camp  
Calhoun  
Callahan  
Cameron  
Camp  
Carson  
Cass  
Castro  
Chambers  
Cherokee  
Clay  
Cochran  
Coke  
Coleman  
Collin  
Colorado

Comal  
Comanche  
Concho  
Cooke  
Coryell  
Crane  
Crosby

## D

Dallam  
Dallas  
Dawson  
Deaf Smith  
Delta  
Denton  
Dewitt  
Dickens  
Donley  
Duval

## E

Eastland  
Ector  
El Paso  
Ellis  
Erath

## F

Falls  
Fanin  
Fayette  
Fisher  
Floyd  
Fort Bend  
Franklin  
Freestone  
Frio

## G

Gaines  
Galveston  
Garza  
Gillespie  
Glasscock  
Goliad  
Gonzales

Gray  
Grayson  
Gregg  
Grimes  
Guadalupe

## H

Hale  
Hall  
Hamilton  
Hansford  
Hardin  
Harris  
Harrison  
Hartley  
Haskell  
Hays  
Hemphill  
Henderson  
Hidalgo  
Hill  
Hockley  
Hood  
Hopkins  
Houston  
Howard  
Hudspeth  
Hunt  
Hutchinson

## I

Irion

## J

Jack  
Jackson  
Jasper  
Jefferson  
Jim Hogg  
Jim Wells  
Johnson  
Jones

## K

Karnes  
kaufman

Kendall  
Kenedy  
Kent  
Kerr  
Kimble  
Kleberg

## L

Lamar  
Lamb  
Lampasas  
Lavaca  
Lee  
Leon  
Liberty  
Limestone  
Lipscomb  
Live Oak  
Llano  
Loving  
Lubbock  
Lynn

## M

Madison  
Marion  
Martin  
Mason  
Matagorda  
McCulloch  
McLennan  
McMullen  
Medina  
Menard  
Midland  
Milam  
Mitchell  
Montague  
Montgomery  
Moore  
Morris  
Motley

## N

Nacogdoches  
Navarro

Newton  
Nolan  
Nueces

## O

Ochiltree  
Oldham  
Orange

## P

Palo Pinto  
Panola  
Parker  
Parmer  
Pecos  
Polk  
Potter

## R

Rains  
Randall  
Reagan  
Real  
Red River  
Reeves  
Refugio  
Roberts  
Robertson  
Rockwall  
Runnels  
Rusk

## S

Sabine  
San Augustine  
San Jacinto  
San Patricio  
San Saba  
Schleicher  
Scurry  
Shackelford  
Shelby  
Sherman  
Smith  
Somervell  
Starr

Stephens  
Sterling  
Stonewal  
Swisher

## T

Tarrant  
Taylor  
Terry  
Throckmorton  
Titus  
Tom Green  
Travis  
Trinity  
Tyler

## U

Upshur  
Upton  
Uvalde

## V

Van Zandt  
Victoria

## W

Walker  
Waller  
Ward  
Washington  
Webb  
Wharton  
Wichita  
Wilbarger  
Willacy  
Williamson  
Wilson  
Winkler  
Wise  
Wood

## Y

Yoakum  
Young





## WORKWELL, TX

### Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

I live at:

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Name of employer: \_\_\_\_\_

Name of network: WorkWell, TX

#### To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- Initiating the network program (companywide)
- Initial employee notification (new hire)
- Injury notification (Date of injury:    /    /    )

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.





## **Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System**

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: [www.oiec.texas.gov](http://www.oiec.texas.gov). You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: [www.tdi.texas.gov](http://www.tdi.texas.gov).

### **Your Rights in the Texas Workers' Compensation System:**

**1. You have the right to hire an attorney to help you with your workers' compensation claim.**

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at [www.oiec.texas.gov](http://www.oiec.texas.gov).

**2. You have the right to receive assistance from OIEC if you do not have an attorney.**

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

**3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.**

Information about the exceptions can be found at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by visiting with OIEC staff.

**4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.**

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

**5. You may have the right to receive income benefits for your work-related injury.**

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by visiting with OIEC staff.

**6. You may have the right to dispute resolution regarding income and medical benefits.**

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

**7. You have the right to choose a treating doctor.**

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

**8. You have the right for your workers' compensation claim information to be kept confidential.**

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

**Your Responsibilities in the Texas Workers' Compensation System**

**1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.**

**2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).** If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

**3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.** Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

**4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**

**5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.** You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

**6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.**

**7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages.** (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

**8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.**

**9. You are prohibited from making frivolous or fraudulent claims or demands.**