



IMO Med-Select Network® Frequently Asked Questions

1. What is a certified Texas workers' compensation health care network?

It is a program that has been certified by the State of Texas to provide health care services to you if you become injured at work.

2. What is Injury Management Organization, Inc. (IMO)?

IMO is a Certified Utilization Review Agent (URA) and the parent company to the IMO Med-Select Network®. IMO provides Case Management, Preauthorization, Medical Bill Review, Industry Care Programs, along with other health care management services.

3. How do I find out more about the IMO Med-Select Network®?

- Visit website at www.injurymanagement.com
- Write to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Call the Network Main Line: 214.217.5939 or 888.466.6381
- Call the Customer Care Line: 214.217.5936 or 877.870.0638

4. What is a service area?

A service area is any county where the network operates with physicians and other health care providers to care for injured employees. If the network lists a county as part of its service area there will be providers for all zip codes in that county ready to provide health care services to the injured employees. If you live in a county covered by a service area, you are required to use a network provider.

5. What should I do if I move to a different zipcode?

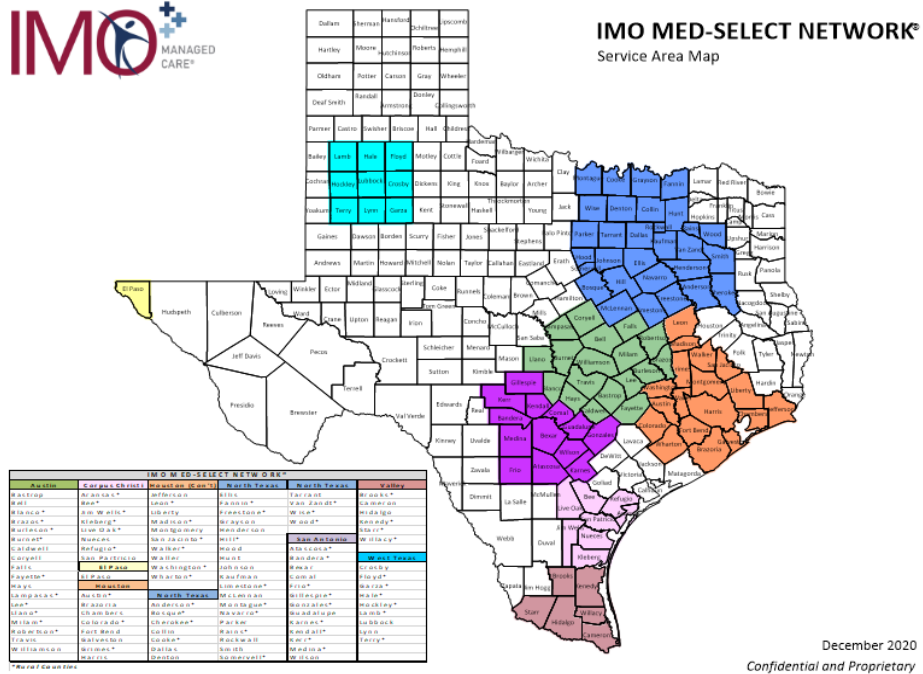
Notify your employer immediately to assist them in making sure that the network has service area coverage for you.

6. May I use a P.O. Box for my official address when I participate in the network?

No. The network requires a physical address in order to ensure all communication reaches the injured employee.

7. Where does the network operate?

The network operates in the following counties or service areas:



Anderson*	Chambers	Freestone*	Hunt	Llano*	San Patricio
Aransas*	Cherokee*	Frio*	Jefferson	Lubbock	Smith
Atascosa*	Collin	Galveston	Jim Wells*	Lynn	Somervell*
Austin*	Colorado*	Garza*	Johnson	Madison*	Starr*
Bandera*	Comal	Gillespie*	Karnes*	McLennan	Tarrant
Bastrop	Cooke*	Gonzales*	Kaufman	Medina*	Terry*
Bee*	Coryell	Grayson	Kendall*	Milam*	Travis
Bell	Crosby	Grimes*	Kenedy*	Montague*	Van Zandt*
Bexar	Dallas	Guadalupe	Kerr*	Montgomery	Walker*
Blanco*	Denton	Hale*	Kleberg*	Navarro*	Waller
Bosque*	El Paso	Harris	Lamb*	Nueces	Washington*
Brazoria	Ellis	Hays	Lampasas*	Parker	Wharton*
Brazos*	Falls	Henderson	Lee*	Rains*	Willacy*
Brooks*	Fannin*	Hidalgo	Leon*	Refugio*	Williamson
Burleson*	Fayette*	Hill*	Liberty	Robertson*	Wilson
Burnet*	Floyd*	Hockley*	Limestone*	Rockwall	Wise*
Caldwell	Fort Bend	Hood	Live Oak*	San Jacinto*	Wood*
Cameron					

*Rural Counties

8. Form Requirements

- a. Will I need to sign any forms? Your employer will provide you with a Notice of Network Requirements and an Acknowledgement Form. You will also be presented with an Acknowledgement Form for signature at the time of injury.
- b. What will happen if I choose not to sign the Acknowledgement Form? If you refuse to sign the Acknowledgement Form, you are still required to participate in the network.

9. Who is responsible for paying for my medical care if I receive treatment outside of the network?

If you receive care from an out-of-network provider, you *may* be financially responsible for the health care services if it is determined that you live in the network service area.

10. Who can be a network treating doctor?

The IMO Med-Select Network® requires your treating doctor to be a physician chosen from the network directory who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine; in El Paso, TX, your treating doctor may hold any of the above listed specialties or be a specialist in Physical Medicine Rehabilitation.

11. How do I choose my treating doctor?

After an injury occurs, you must choose your treating doctor from the network provider list. If you need help, you may call a network customer care representative for assistance at 888.466.6381 Monday- Friday 8-5 p.m. CST or online at www.injurymanagement.com and click "Find a Provider." If your injury requires emergency care, you may be treated in any emergency care facility.

12. May I select my HMO primary care doctor for my network treating doctor?

As an employee, you have a choice of group health insurance plan. Not all of them are HMO plans. If you are covered by an HMO plan, and have already selected a primary care doctor, **prior to your injury**, you may request to choose your HMO primary care doctor as your workers' compensation treating doctor. This can be done by completing the Network Form # IMO MSN-5. To obtain this form, please contact the IMO Med-Select Network® at 888.466.6381 or email netcare@injurymanagement.com. The network will contact your HMO doctor to participate in the network. If your doctor does not agree or does not meet the certified network qualification requirements to participate in the network, you must choose a treating doctor from the network list.

If you are uncertain of whether you are covered by an HMO plan, please contact the appropriate human resources representative for clarification.

13. How do I nominate a doctor?

- a. The IMO Med-Select Network® is pleased to receive nominations to add providers to our network. The first step is to fill out a nomination form available on the IMO website at www.injurymanagement.com or by contacting SORM. The network has a nomination form and

credentialing process that must be completed prior to any doctor being considered as a network provider.

- b. The network will contact your doctor about participating in the network. If your doctor does not agree *or* does not meet the certified network qualification requirements, you must choose another treating doctor from the network list.

14. Am I required to see a doctor close to my residence?

Although the network must provide you with access to a treating doctor within a 30-mile radius of your residence, you can choose any treating doctor on the list of treating doctors in the network.

15. Can my chiropractor or my orthopedic surgeon be my treating doctor?

No, the treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine, or Occupational Medicine; in El Paso, TX, all specialists listed above or Physical Medicine Rehabilitation. For treatment by any other type of specialist, including a chiropractor or orthopedic surgeon, you must be referred by your treating doctor.

16. Do you have physician assistants or nurse practitioners in the certified network?

No, the certified network does not have physician assistants or nurse practitioners contracted to treat injured employees at this time. You may be treated by one of the above if it is under the direction of a medical doctor in the certified network.

17. Can I change my treating doctor?

You are limited to the changes you can make. These limits are set to ensure that you have quality and continuity in your care.

- a. Change #1 is called the alternate choice. When you contact the network, you will be asked to complete the **Request for Alternate Treating Doctor Form # IMO MSN-1**. The network will not deny your request for your selection of an alternate choice.
- b. Change #2 is called your subsequent change. If you have used your alternate choice of treating doctor and you are still dissatisfied, you must request and receive permission from the network for the subsequent change of treating doctor.

You will need to contact the network at:

- Telephone: 214.217.5939 or toll free 888.466.6381
- E-mail: netcare@injurymanagement.com or,
- By faxing the completed form to 214.217.5937 or 877.946.6638
- You may also mail a copy of the **Request For Subsequent Change in Treating Doctor Form # IMO MSN-7** to: IMO Med-Select Network®, P.O. Box 118577, Carrollton, TX 75011
- Complaints: netcomplaint@injurymanagement.com

18. What do I do if my treating doctor dies, retires, or leaves the network?

If your current treating doctor dies, retires, or leaves the network you are allowed a change of treating doctor at any time during your care.

19. What if I don't live in the service area?

If you do not live in the service area, you are not required to receive health care from the certified network. You should contact your Claims Coordinator to discuss this matter.

20. The Notice of Network Requirements states that I must receive medical care from the network if I live in the network service area. How is "live" defined?

Where an employee lives includes:

- a. The employee's principal residence for legal purposes, including the physical address which the employee represented to the employer as the employee's address;
- b. A temporary residence necessitated by employment; or
- c. A temporary residence taken by the employee primarily for the purpose of receiving assistance with routine daily activities because of the compensable injury.
28 Texas Administrative Code §10.2(a) (14)

21. What if I need to be referred to a specialist?

If you need a specialist, your treating doctor will refer you. You must go to a health care provider in the network, except in emergencies and other special circumstances. All referrals to a specialist must be approved by your treating doctor. Appointments with specialists are to be set no later than 21 days after the date of the request. If there is an urgent medical need, a shorter time period may be appropriate.

22. What if I need a specialist that is not in the network?

If your treating doctor decides there is no provider or facility in the network that can provide the treatment you need for your compensable injury, he or she will contact the network for permission to send you to a provider outside of the network.

Your treating doctor is required to submit to the network a completed referral called a **Request for Out- of-Network Specialist Form # IMO MSN-4**. The network will approve or deny the request within seven days of receiving this form from the treating doctor.

You and your treating doctor will be notified by telephone and in writing if the request is not approved. The notice will also explain the appeal process.

23. What is Telephonic Case Management?

When you are injured at work you may be provided with a Telephonic Case Manager (TCM) to assist with coordination of your medical needs. A TCM is a licensed and certified medical professional that

will help coordinate the medical services that your doctor recommends. The TCM will also provide education and help with communication between you and your doctor and employer. The network wants you to have the best quality of care and a safe stay-at-work /return-to-work health outcome.

24. What is considered to be an emergency?

As defined by the Texas Insurance Code:

“Medical Emergency” means the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the patient’s health or bodily functions in serious jeopardy; or
- b. Serious dysfunction of any body part or organ.

25. How do I receive emergency care?

You should seek treatment from the nearest urgent care facility or hospital emergency room if emergency care is necessary. The network provider directory lists urgent care centers and hospitals that participate in the network.

26. How can I get a network provider directory?

Your employer will have a network provider directory available. A network provider directory also will be available at:

- a. IMO website: www.injurymanagement.com
- b. Or you may call us directly at:
 - Network Main Line – 214.217.5939 or 888.466.6381
 - Customer Care – 214.217.5936 or 877.870.0638

27. Will medical services need prior approval?

- Emergency care never requires preauthorization.
- Initial evaluation for physical therapy and occupational therapy does not require preauthorization.

Providers Responsibilities

1. IMO Med-Select Network® providers are contractually required to follow *Evidence Based Guidelines*.
2. If the requestor is *not* the Treating Doctor, the Treating Doctor *must* be informed of the treatments and/or services that will be requested.
3. *Notification* is required for all therapy, diagnostic procedures and referrals to specialist. As the treating physician and/or facility, you are **required to notify IMO** of the referral for these services **before** the referral commences. If IMO did not receive notification before referral was commenced, including a physical therapy evaluation, IMO may deny the bills under review code B5 (coverage/program guidelines were not met). This notification *does not* replace the Network Preauthorization process.

4. To ensure services are provided by network providers, Network Notification is required for all therapy, diagnostic procedures and referrals to specialist. This notification does not replace the network preauthorization process.
5. Upon requesting a return to work program (such as work hardening), the specific job the injured employee will return to and the description should be included with the request, in addition to a treatment plan of care specific to that job and description.

IMO Network Preauthorization List

1. Hospital and Surgical Care:

- a. All inpatient admissions including length of stay and, when necessary, extending the authorized length of stay. Including all nursing home/convalescent services.
- b. All inpatient and outpatient surgical procedures performed in hospital or Ambulatory Surgical Center (ASC)

2. Mental Health Care:

- a. All psychological/psychiatric services after the completion of the initial evaluation.
- b. Testing, therapy, repeat interviews, and biofeedback.

3. Physical Medicine Services (PT, OT, ST, CHIRO):

- a. Any additional requested beyond Network notification listed below
 1. Physical medicine outside of the first six sessions rendered/completed within 2 weeks following the initial date of injury
 2. Physical medicine outside of the first six sessions rendered/completed within 2 weeks post authorized surgical intervention.

4. Diagnostics: Repeat Diagnostics study > \$350 per fee schedule, or without fee schedule value.

5. Injections: All injections other than steroid including: Epidural Steroid Injections (ESIs), facet, trigger point, synvisc, SI, prolotherapy, chemonucleolysis, discograms, medial branch blocks and rhizotomies.

6. Rehabilitation Programs: All Rehabilitation, Work Conditioning, and Work Hardening programs. This includes home health/residential treatment.

7. Durable Medical Equipment: (DME) billed at \$1000 or greater per item, either cumulative rental or purchased including Bone Growth Stimulator and TENS Unit.

8. Treatment not addressed or not recommended by Evidence Based Guidelines: Unless pre-approved as part of a treatment plan.

9. RX: Drugs on the "N" list and all compounds.

10. Dental: Procedures requested after initial evaluation.

11. Investigational TX: Any investigational or experimental service or device for which there is early, developing, scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device that is not yet broadly accepted as the prevailing standard of care.

12. *Pain Medicine/Other Programs:* Chronic Pain Management/Interdisciplinary Pain Rehabilitation.
13. *Treatment for Disputed Body Part & Conditions:* Any treatment for an injury or diagnosis that is not accepted by the carrier per Labor Code §408.0042 and 28 Tex. Admin. Code §126.14.
14. *Misc:* K-Wire removal, Chemo, Radiation.

28. What happens if I am unable to work?

Your Telephonic Case Manager will work with your doctor, employer, and adjuster to coordinate possible work programs to accommodate your restrictions while rehabilitating.

29. How do I file a complaint?

- a. If you are dissatisfied with any aspect of the network, you may file a complaint by completing the **Complaint Form # IMO MSN-3**.
- b. You must file the complaint within 90 days of the event about which you are dissatisfied.
- c. To obtain and submit this form you can contact the **Network Complaint Dept.** by:
 - Writing: P.O. Box 118577, Carrollton, TX 75011
 - Calling: 877.870.0638
 - E-mailing: netcomplaint@injurymanagement.com
- d. The network will respond to your complaint with a letter of acknowledgment within seven calendar days after receipt of the complaint.
- e. Every complaint will be investigated and resolved within 30 calendar days after receipt of the complaint.
- f. The network will send a letter to you explaining its decision and recommendations.

30. How do I file an appeal?

- a. If you are dissatisfied with the complaint response, you must submit your appeal either by calling the network at 877.870.0638 or writing to the network. This process does not require a form completion, but you may use the **Complaint Form # IMO MSN-3** and check the appropriate box to indicate that you are filing an appeal:

IMO Med-Select Network®
Attention: NetAppeal Committee
P.O. Box 260287
Plano, TX 75026

- b. File the appeal within 15 days of receiving the decision letter.
- c. The network will send a letter when it receives the appeal and once again when the decision is

made.

31. What should I do next, if I do not agree with the network's complaint or appeal resolution?

If you are dissatisfied with the network's complaint or appeal resolution, you may file a complaint with the Texas Department of Insurance (TDI). A complaint form can be accessed at:

- a. TDI website at www.tdi.texas.gov, or
- b. TDI HMO Division at the following address: HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, TX 78714-9104.