



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 zip code?

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.

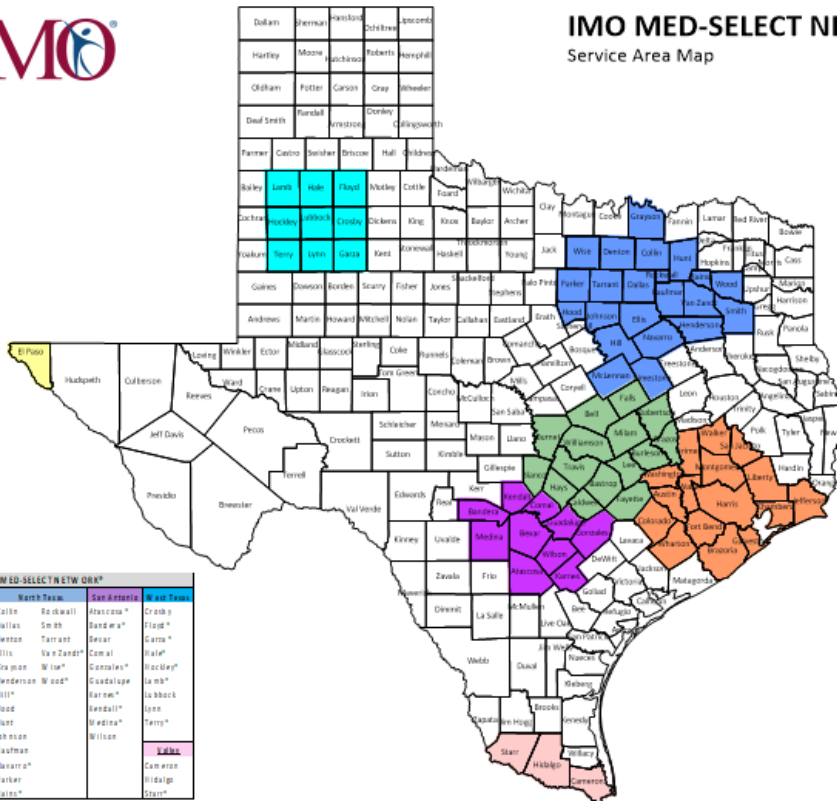
7. Where does the network operate?

The network operates in the following counties or service areas:

Atascosa	Comal	Hale	Liberty	Tarrant
Austin	Crosby	Harris	Limestone	Terry
Bandera	Dallas	Hays	Lubbock	Travis
Bastrop	Denton	Henderson	Lynn	Van Zandt
Bell	El Paso	Hidalgo	McLennan	Walker
Bexar	Ellis	Hill	Medina	Waller
Blanco	Falls	Hockley	Milam	Washington
Brazoria	Fayette	Hood	Montgomery	Wharton
Brazos	Floyd	Hunt	Navarro	Williamson
Burleson	Fort Bend	Jefferson	Parker	Wilson
Burnet	Galveston	Johnson	Rains	Wise
Caldwell	Garza	Karnes	Robertson	Wood
Cameron	Gonzales	Kaufman	Rockwall	
Chambers	Grayson	Kendall	San Jacinto	
Collin	Grimes	Lamb	Smith	
Colorado	Guadalupe	Lee	Starr	



IMO MED-SELECT NETWORK®
Service Area Map



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 a State of Texas 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 or SORM 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.

Some medical services must be approved in advance. Unless there is an emergency need, your treating doctor must contact the network for approval prior to providing the following health care services:

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

- 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.
- 3. *Physical Medicine Services (regardless of location)*
 - a. Osteopathic or chiropractic manipulations after the first six sessions occurring within 30 days following the initial treatment date.
 - b. Physical or occupational therapy outside of the first six sessions beginning within 30 days following the initial treatment date or up to 12 sessions beginning within 60 days following surgical intervention.
 - c. Physical therapy services following injections (ESIs, Facet, Medial Branch Blocks, Rhizotomies).
 - d. Physical therapy services following surgery for hardware removal.
- 4. *Diagnostic Testing*
 - a. CT myelograms and discogram CTs
 - b. Repeat Diagnostics
- 5. *Injections:*
 - a. Epidural Steroid Injections (ESIs) and Facet Injections
 - b. Medial branch blocks and Rhizotomies
- 6. *Rehabilitation Programs*
 - a. Work hardening, work conditioning, and outpatient rehabilitation regardless of accreditation
 - b. Pain management, chemical dependency, and weight loss
- 7. *Durable Medical Equipment:* (DME) billed at \$1000 or greater per item, either cumulative rental or purchased. All electrical and/or neuromuscular stimulators including transcutaneous electrical stimulators (TENS) or interferential stimulators
- 8. *Treatment not addressed or not recommended by Evidence Based Guidelines:* Unless pre-approved as part of a treatment plan.
- 9. *Drugs* identified with a status of “N” in the current edition of the *Official Disability Guidelines Treatment in Workers’ Compensation (ODG)/Appendix A, the ODG Workers’ Compensation Drug Formulary and any updates and any compound that contains such a drug.*

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.