



Zenith Health Care Network

Employee Notice of Network Requirements

Your employer provides medical services for work related injuries through the certified Zenith Health Care Network (ZHCN). The ZHCN includes doctors, hospitals and other medical providers in 231 counties which is called the ZHCN Service Area.

If you are injured at work you must check to see if you live in the ZHCN Service Area. If you do live in the ZHCN Service Area, you must receive all health care for your injury through the ZHCN.

The information in this notice will explain the ZHCN Service Area and will help you get medical care through the ZHCN. If you have any questions, you can ask your employer, or call 1-800-841-3987.

Claims Administrator

Your claims administrator is:
Zenith Insurance Company

Contact for Complaints:

Zenith Insurance Company
ATTN: Provider Relations

Mailing Address:

21255 Califa Street
Woodland Hills, CA 91367

Email for Complaints:

txnetwork@thezenith.com

Access to Health Care Services

When requested, the ZHCN must arrange for medical services in a timely manner, taking into consideration your circumstances and medical condition. This includes referrals to specialists. In any circumstance, services must be arranged no later than 21 days after the date of the request.

ZHCN Service Area

A map of the ZHCN Service Area is attached.

If you live in the ZHCN Service Area, you must pick your Treating Doctor from the ZHCN Provider Directory. Your Treating Doctor will treat you. Your Treating Doctor may refer you to another health care provider for other medical treatment.

If you think you do not live in the ZHCN Service Area you may contact your claims examiner. You have to request a review in writing. If you request a review, you have to provide proof to show that you do not live in the ZHCN Service Area. Your request for review should be sent to your claims administrator.

Your claims administrator will review your request and within seven (7) days of receipt of your request will make a decision and give you written notice. If you do not agree with the decision, you may file a complaint. Complaints should be filed with the Department of Insurance (See Complaints section for more information).

While your request is under review, you may seek all medical care within the network. To do this, you should select a ZHCN Treating Doctor. All health care for your work injury will be set up with your Treating Doctor.

If it is determined that you live in the ZHCN Service Area, you may have to pay for health care if it is from a provider that is not in the ZHCN.

How to Get Health Care through the ZHCN

Tell your supervisor or manager immediately if you are injured at work.

You should pick your Treating Doctor from the ZHCN Provider Directory. You may need a referral to a specialist or other health care provider. Your ZHCN Treating Doctor must make all referrals. If you need emergency care, you do not have to go through your ZHCN Treating Doctor.

ZHCN providers will only treat and bill your employer's workers' compensation insurer or claims administrator for services related to a compensable work injury. ZHCN providers will not bill you.

You may want to get health care from providers who are not in the ZHCN. To do this, you must first get approval from your claims administrator. If you do not get approval to use providers who are not in the ZHCN, you may have to pay for those services yourself.

The exceptions to this rule are:

- Emergency Care
- If you do not live within the ZHCN Service Area
- Out-of-network care that your claims administrator pre-authorized
- Your HMO Primary Treating Physician is your Treating Doctor

Emergency Care

If you are injured at any time - and you think it is a medical or mental health emergency - call 911 or go to the nearest medical facility offering emergency care services.

You may be injured while you are outside of the ZHCN Service Area. If this happens and you think it is a medical or mental health emergency, go to the nearest medical facility offering emergency care services or call 911.

You should contact your claims administrator as soon as possible to report your injury.

Texas Law defines the term "medical emergency" as an acute medical condition that occurs suddenly. Symptoms are severe and include severe pain. A patient's health, bodily function or function of any organ or body part could be in serious jeopardy without immediate medical care. The Texas Law also defines the term "mental health emergency". It is a condition that could reasonably be expected to present danger to the person experiencing the mental health condition or another person.

Non- Emergency Care

If you are hurt at work, and it is not an emergency, pick a Treating Doctor from the Provider Directory. The Provider Directory is available on your claims administrator's website. You may also call your claims administrator for help choosing a Treating Doctor. Your claims administrator is listed above.

You should call your Treating Doctor to set up an appointment. Your claims administrator can also help you set up an appointment.

You may be injured while you are outside the Service Area. If this happens and you need non-emergency health care please call your claims administrator. Your claims administrator will help you locate a medical provider.

After-Hours Care

You may need after-hours medical care. If this happens, call your claims administrator. Your claims administrator will help you find a provider or facility. You may also visit your claims administrator's website to select a provider from the online directory. You should contact your employer to report your injury as soon as possible.

If you have a medical emergency, call 911 or go to the nearest emergency room. After you get treated for your emergency, all follow-up and non-emergency care must be set up through your Treating Doctor.

Selecting a Treating Doctor

You must pick a Treating Doctor from the Provider Directory. Your Treating Doctor must be located in your Service Area. The Provider Directory will show which providers are taking new patients. If you would like help picking a Treating Doctor, please call your claims administrator.

If you are a member of a Health Maintenance Organization (HMO) you may pick your Primary Care Physician as your Treating Doctor. You must have chosen this doctor as your primary care physician through your HMO before your work related injury occurred and your HMO Primary Care Physician has to agree to treat your workers' compensation injury. To do this, complete the attached "Physician pre-designation form". Return the completed form to your employer. If you would like your HMO Primary Care Physician to treat you for a work injury, please contact your claims administrator. Your claims administrator will review your request and notify you of their decision within 72 hours. Your HMO Primary Care Physician will not be considered as an initial choice of a Treating Doctor unless this process is followed.

The following also will not be considered an initial choice of Treating Doctor:

- A Doctor who works for your employer;
- A Doctor providing emergency care; or
- Any doctor who provided care before the employee was enrolled in the ZHCN, unless it was your HMO Primary Care Physician which you pre-designated using the process set forth above.

You may not be happy with the first Treating Doctor you picked. If this happens, you can pick an alternate Treating Doctor. Contact your claims administrator for help picking an alternate Treating Doctor. When you pick an alternate Treating Doctor, you must provide the name of the Doctor to your claims administrator.

If you are not happy with the alternate Treating Doctor, you must contact your claims administrator to submit a request for additional changes. They will review your request and give you written notice of their decision within seven (7) days.

Continuing your Treatment if your Treating Doctor is Terminated from the Network

If your Treating Doctor leaves the Network, you will be notified in writing. If this happens, and you need to continue treatment, you must pick another Treating Doctor. To do this, pick a new Treating Doctor from the Provider Directory. If you would like help with this, call your claims administrator.

You may continue treatment with your original Treating Doctor under certain circumstances:

- If you have a life-threatening medical condition.
- Your medical condition is acute and a disruption in care could harm you.

If one of these conditions applies to you, your Treating Doctor has to contact your claims administrator and request a review. Your claims administrator will review the Treating Doctor's request then give you and your

Doctor written notice of their decision. If you or your Doctor disagrees with your claims administrator's decision, you may file a complaint (See Complaints section for more information).

Services Requiring Pre-Authorization

All health care must be set up through your Treating Doctor. Your Treating Doctor will treat you. Your Treating Doctor may refer you for treatment for your work injury. Certain services must be approved by your claims administrator in advance. Services that require preauthorization are listed on the Zenith Health Care Network and Non-Network Services Requiring Pre-Authorization List ("Pre-Authorization List"). A copy is included in this Employee Notice of Network Requirements.

To have any of the services requiring preauthorization approved, your Doctor must follow ZHCN preauthorization requirements. You will be given written notice of the decision. You have a right to request a reconsideration of an adverse determination (an adverse determination is when the proposed medical care is determined not medically necessary). You will receive information with the adverse determination notice about how to submit a reconsideration. You also have a right to request a review by an Independent Review Organization if the reconsideration decision on an adverse determination is upheld. You will be given information about these rights as well. The review will be randomly assigned to an Independent Review Organization by the Texas Department of Insurance. An employee with a life-threatening condition is allowed an immediate review by an Independent Review Organization and is not required to comply with the procedures for a reconsideration of an adverse determination.

Complaints

If you are unhappy with ZHCN, you may file a complaint. You may complain about any part

of the ZHCN operation. Verbal complaints and written complaints are accepted.

You have 90 days to submit a complaint. The 90 day period starts on the date when the problem or issue first came up. When your complaint has been received, it will be reviewed. A written notice explaining the review and decision will be sent to you within 30 calendar days from the date your complaint is received.

Complaints should be directed to your claims administrator.

You may not be satisfied with how your complaint was handled. If this happens, you have a right to complain. There is a form to use for your complaint. Your completed form should be sent to the Texas Department of Insurance's Health & Workers' Compensation Network (HWCN) Division.

The Department's complaint form can be obtained from www.tdi.texas.gov or:

Texas Department of Insurance
Division of Workers' Compensation, MS-8
7551 Metro Center Drive, Suite 100
Austin, TX 78744

The completed form should be sent to the address indicated on the form.

It is not legal for a network to retaliate against an employee, employer, or medical provider for filing a complaint. It is not legal for a network to retaliate against an employee or medical provider who appeals a decision of the network.

*The Zenith Health Care Network is owned and operated by Zenith Insurance Management Services, Inc. acting only in the capacity of network administrator and not as your claims administrator.

The Network's service area consists of 231 counties. The counties in bold and with the * below were originally effective February 16, 2010. Please also refer to the accompanying map.

Anderson	Cooke	*Harris	Loving	Robertson	*Wilson
Andrews	Coryell	*Harrison	*Lubbock	*Rockwall	Winkler
Angelina	Crane	Hartley	Lynn	Runnels	*Wise
Aransas	Crosby	Haskell	Madison	Rusk	Wood
Archer	Dallam	*Hays	Marion	Sabine	Yoakum
Armstrong	*Dallas	Hemphill	Martin	San Augustine	*Young
*Atascosa	Dawson	Henderson	Mason	*San Jacinto	
*Austin	Deaf Smith	*Hidalgo	Matagorda	San Patricio	
Bailey	Delta	Hill	McCulloch	San Saba	
*Bandera	*Denton	Hockley	McLennan	Schleicher	
*Bastrop	DeWitt	*Hood	*McMullen	Scurry	
Baylor	Dickens	Hopkins	*Medina	Shackelford	
Bee	Donley	Houston	Menard	Shelby	
*Bell	Duval	Howard	Midland	Sherman	
*Bexar	Eastland	Hudspeth	Milam	*Smith	
Blanco	Ector	*Hunt	Mills	*Somervell	
Borden	*El Paso	Hutchinson	Mitchell	Starr	
Bosque	*Ellis	Irion	Montague	Stephens	
*Bowie	Erath	Jack	*Montgomery	Sterling	
*Brazoria	Falls	Jackson	Moore	Stonewall	
Brazos	Fannin	Jasper	Morris	Swisher	
Briscoe	Fayette	*Jefferson	Motley	*Tarrant	
Brooks	Fisher	Jim Hogg	Nacogdoches	Taylor	
Brown	Floyd	Jim Wells	*Navarro	Terry	
Burleson	*Fort Bend	*Johnson	Newton	Throckmorton	
*Burnet	Franklin	Jones	Nolan	Titus	
*Caldwell	Freestone	Karnes	*Nueces	Tom Green	
Calhoun	*Frio	*Kaufman	Ochiltree	*Travis	
Callahan	Gaines	*Kendall	Oldham	Trinity	
*Cameron	*Galveston	Kenedy	Orange	Tyler	
Camp	Garza	Kent	*Palo Pinto	Upshur	
Carson	Gillespie	Kerr	Panola	Upton	
Cass	Glasscock	Kimble	*Parker	Uvalde	
Castro	Goliad	Kleberg	Parmer	Van Zandt	
*Chambers	Gonzales	Lamar	Pecos	Victoria	
Cherokee	Gray	Lamb	Polk	*Walker	
Clay	*Grayson	Lampasas	Potter	*Waller	
Cochran	Gregg	Lavaca	Rains	Ward	
Coke	*Grimes	Lee	Randall	Washington	
Coleman	*Guadalupe	Leon	Reagan	Webb	
*Collin	Hale	*Liberty	Real	*Wharton	
*Colorado	Hall	Limestone	Red River	Wichita	
*Comal	Hamilton	Lipscomb	Reeves	Wilbarger	
Comanche	Hansford	Live Oak	Refugio	Willacy	
Concho	Hardin	*Llano	Roberts	*Williamson	

PRE-DESIGNATED PHYSICIAN FORM FOR ON-THE-JOB INJURIES

EMPLOYEE TO COMPLETE THIS SECTION:	PHYSICIAN TO COMPLETE THIS SECTION:
<p>Employee Name: _____ (please print)</p> <p>You can be treated immediately by your personal medical doctor if:</p> <ul style="list-style-type: none">• You are part of an HMO health plan• The doctor treated you in the past and has your medical records• You give your employer the doctor's name and address in writing on this form. <p>_____ Employee Signature:</p> <p>_____ Company Name:</p> <p>_____ Company Address:</p> <p>If I get hurt on the job, I want to receive treatment from:</p> <p>_____ Name of Doctor:</p> <p>_____ Address:</p> <p>_____ Telephone number:</p>	<p>I agree to treat the above named individual for their work injury or illness. I understand that medical services in the Texas Workers' Compensation system are subject to preauthorization of non-emergency services, utilization review, reporting requirements, and fees governed by the Division of Workers Compensation. I also agree that, upon treating the above individual, I will abide by the terms of the Zenith Health Care Network Medical Provider Manual (available for download at www.coventryprovider.com) and I will comply with Texas Insurance Code chapter 1305, subchapter D-I and commensurate rules adopted under these subchapters.</p> <p>Physician Name (please print): _____</p> <p>Physician Signature: _____</p> <p>Date: _____</p> <p>Name of HMO Plan: _____</p> <p>Office Manager/Billing Contact: _____</p> <p>Street Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p> <p>Physician Tax ID: _____</p>

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**ZENITH HEALTH CARE NETWORK WORKERS' COMPENSATION NETWORK
ACKNOWLEDGEMENT**

I have received the "Employee Notice of Network Requirements" that explains how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the Service Area, I understand that:

1. I must choose a treating doctor from the Zenith Health Care Network.
2. I may select as my treating doctor a doctor, whom I selected as my primary care physician or provider through my HMO Plan.
3. I must go to my treating doctor for all treatment for my work injury. If I need a specialist, my treating doctor will refer me.
4. If I need emergency care, I may go anywhere.
5. The insurance carrier will pay the network providers all mandated amounts if my injury is caused by my job.
6. I may have to pay for my medical treatment if I get health care from someone not in the Zenith Health Care Network.

The "Employee Notice of Network Requirements" explains all of the above issues in detail. A map of the Service Area is attached to the "Employee Notice of Network Requirements".

Signature: _____

Date: _____

Printed Name: _____

The address where I live:

Name of Employer: _____

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**ZENITH HEALTH CARE NETWORK AND NON-NETWORK
Services Requiring Preauthorization**

	Non-Network – 134.600(p)	Network – 413.014; TIC 1305; 28 TAC 10(Subchapter F)
Hospital/ Inpatient	Non-emergency inpatient admissions (including principal scheduled procedure and length of stay.)	Same + all nursing home/ convalescent/ services.
Surgery	Outpatient surgical or ambulatory surgical services. Spinal surgery. Bone growth stimulators would be covered as part of the surgery so no discrepancy.	Same, and specifies that radiological cryotherapy, manipulation under anesthesia, and certain injections (see below) are classified as surgery. All implantable Bone Growth Stimulators. All vertebral axial decompressions (Vax-D), radio frequency thermocoagulation of facet joints (RFTC), and IDET procedures;
Injections	May require pre-auth as outpatient surgical services, depending on billing and where injection is performed.	All ESI's, facet injections, trigger point injections, SI joint injections, prolotherapy injections, chemonucleolysis, and discograms.
Psych	Psych testing, psych therapy, repeat psych interviews, and biofeedback (unless part of a preauthorized or DWC exempted RTW program.)	Same (excluding an initial psych eval.)
Diagnostics	Repeat diagnostic study > \$350 per fee schedule, or without fee schedule value.	Same + All myelograms, discograms, venograms, surface electromyograms, EMGs, and nerve conduction studies.
PT/ OT/ Chiro/ home health / gym	PT/ OT/ Chiropractic PT/ Orthotics/ Prosthetics Management, except for the first 6 visits of PT/ OT within 2 weeks immediately following the DOI or date an approved surgery was performed.	Same + all home health/ residential treatment, and all gym memberships. Just requires for PT OT no specifics
Work Hardening/ Conditioning	All work hardening or work conditioning services.	Same
Pain Management/ Other Programs	All Chronic Pain Management/ Interdisciplinary Pain Rehab programs.	Same + All chemical dependence and weight loss programs
DME	DME > \$500 billed charges per item (purchase or expected cumulative rental.) Bone Growth Stimulators would be covered as part of DME because they exceed \$500.00	Same + All Bone Growth Stimulators, and All TENS units/ neuromuscular stimulators/ interferential units
Rx	Drugs not included in the Division's Formulary (aka N-Drugs). All drugs created by compounding. (prescribed and dispensed on or after 7/1/2018) Intrathecal drug delivery systems (including refills for drugs excluded from the closed formulary or for changes in dosing or changes in doctors)	Same
Other		All chemonucleolysis, vertebral axial decompressions (Vax-D), radio frequency thermocoagulation of facet joints (RFTC), and IDET procedures.
Treatment Outside of ODG	All treatment that exceeds or is not addressed by ODG and which are not contained in a treatment plan that has been previously approved. All investigational/ experimental services not yet broadly accepted as the prevailing standard of care.	Same
Investigational Treatment	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.	
Treatment for Disputed Body Parts/ Conditions	Any treatment for an injury or diagnosis that is not accepted by the carrier per §408.0042 and §126.14.	Same
Required Treatment Plans	Mandated UR	

Note: Emergency treatment does not require preauthorization

A to Z:

Non-Network	Network
Ambulatory Surgery	Ambulatory Surgery
Biofeedback	Biofeedback
Bone Growth Stimulators	Bone Growth Stimulators
Chemonucleolysis	Chemical Dependence Programs
Chiropractic Therapy*	Chemonucleolysis
Chronic Pain Management Programs	Chiropractic Therapy*
Compounded drug (prescribed and dispensed on or after 7/1/2018)	Chronic Pain Management Programs
Diagnostics- repeat studies > \$350	Compounded drug (prescribed and dispensed on or after 7/1/2018)
Discograms	Convalescent Services
DME > \$500	CT Myelograms
Experimental Treatment	Diagnostics- repeat studies > \$350
Hospital Admissions	Discograms
IDET Procedures	DME > \$500 billed charges
Injections done in Outpatient Surgical Setting	EMGs (Electromyograms)
Inpatient Hospital Length of Stay	ESI's (Epidural Steroid Injections)
Interdisciplinary Pain Rehab Programs	Experimental Treatment
Interferential Units > \$500	Facet Injections
Intrathecal drug delivery systems, including refills	Gym Memberships
Investigational Treatment	Home Health Services
Manipulation Under Anesthesia	Hospital Admissions
N-Drugs	IDET Procedures
Neuromuscular Stimulators > \$500	Interferential Units
Occupational Therapy*	Injections done in Outpatient Surgical Setting
Orthotics Management*	Inpatient Hospital Length of Stay
Outpatient Surgery	Interdisciplinary Pain Rehab Programs
Physical Therapy*	Intrathecal drug delivery systems, including refills
Prosthetics Management*	Investigational Treatment
Psych Interviews- Repeat	Manipulation Under Anesthesia
Psych Testing	Myelograms
Psych Therapy, Chemical Dependency Programs,	N-Drugs
Radiofrequency Thermocoagulation (RFTC)	Nerve Conduction Studies (NCS, NCV)
Radiological Cryotherapy	Neuromuscular Stimulators
Repeat Psych Interviews	Nursing Home Stays
Rx outside of ODG (N-Drugs)	Occupational Therapy*
Spinal Surgery	Orthotics Management*
Surface EMG	Outpatient Surgery
Surgery	Physical Therapy*
Treatment for disputed conditions	Prolotherapy Injections
Treatment Outside of ODG	Prosthetics Management*
Vertebral Axis Decompression (Vax-D)	Psych Interviews- Repeat
Work Conditioning	Psych Testing
Work Hardening	Psych Therapy
	Radio Frequency Thermocoagulation (RFTC)
	Radiological Cryotherapy
	Repeat Psych Interviews
	Residential Treatment/ Services
	Rx outside of ODG (N-Drugs)
	Sacroiliac (SI) Joint Injections
	Spinal Surgery
	Surface EMGs
	Surgery
	TENS Units
	Treatment for disputed conditions
	Treatment Outside of ODG
	Trigger Point Injections
	Vertebral Axial Decompressions (Vax-D)
	Weight Loss Programs
	Work Conditioning
	Work Hardening

* Beyond up to 6 sessions performed within 2 weeks of DOI/ Date of approved surgery