



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

South Texas Radiology

**Respondent Name**

City of San Antonio

**MFDR Tracking Number**

M4-25-3191-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 5, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 6, 2024	71045/26	\$21.28	\$0.00
August 6, 2024	70496/26	\$208.54	\$0.00
August 6, 2024	70498/26	\$208.54	\$0.00
August 6, 2024	70450/26	\$101.29	\$0.00
	Total	\$539.65	\$0.00

### Requester's Position

"We mailed our bill to Blue Cross Blue Shield as this is the information we received. BCBS processed our bills. We received a call from the patient & he verified incorrect insurance information was provided. He then provided CCMSI claims information for his employer City of San Antonio. We billed CCMSI. After not receiving a response we called CCMSI. The rep informed me they are no longer handle claims for the City of San Antonio. I was asked to call Sedgwick. We billed Sedgwick. Our bill was denied for timely filing. We sent a request for reconsideration with proof of timely filing. We have not received a response to our appeal."

**Amount in Dispute:** \$539.65

### Respondent's Position

"The provider's position appears to be that although it did not submit the medical bill to the

correct carrier within 95 days of the date of service, it submitted the medical bill to a carrier (Blue Cross Blue Shield) and that within 95 days of learning the identity of the correct carrier, it submitted the medical bill to CCMSI. Yet, the provider has not produced evidence that it submitted the CMS-1500 to the correct carrier within 95 days of learning that the City of San Antonio was the correct carrier. Accordingly, it remains the carrier's position that the provider failed to timely submit medical bill to the correct carrier."

**Response Submitted by:** Flahive, Ogden & Latson

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission.
3. [28 TAC §102.4](#) details the general rules for Non-Division Communication.
4. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

### Denial Reasons

The insurance carrier denied the disputed services with the following claim adjustment codes.

- 108 – No reimbursement is recommended as bill was not received within timely submission requirements.
- 29 – The time limit for filing has expired.

### Issues

1. Did the requester support timely submission of medical claim?

### Findings

1. The requester is seeking reimbursement of professional services rendered in August of 2024. The insurance carrier denied the services stating the medical bill was not submitted within 95 days of the date of service.

DWC Rule 28 TAC §102.4 (h) Unless the great weight of evidence indicates otherwise, written communications will be deemed to have been sent on:

- (1) the date received if sent by fax, personal delivery, or electronic transmission; or
- (2) the date postmarked if sent by mail through United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent must be the next previous day that is not a Sunday or legal holiday.

DWC Rule 28 TAC §133.20 (b) states in pertinent part,

(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Texas Labor Code 408.0272. (b) states in pertinent part,

(b) Notwithstanding Section 408.0272, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.0272(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

(1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:

- (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
- (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
- (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;

(2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

Review of the submitted documentation found the requester did not submit any evidence of timely claim submission to correct carrier. The explanation of benefits submitted indicates the insurance carrier received the claim on March 10, 2025. This date is beyond 95 days of the date of service. Additionally, the submitted explanation of benefits from Blue Cross Blue Shield indicates a payment made not that a denial or request for refund was made as they should not have been billed.

DWC finds there is insufficient information to support any of the exceptions described above. No payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the South Texas Radiology has not established that reimbursement of \$539.65 is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
August 29, 2025  
Date

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).