



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

South Texas Radiology Group

Respondent Name

Hartford Insurance Co of Illinois

MFDR Tracking Number

M4-25-3379-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 22, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 6, 2024	72100/26	\$27.24	\$21.33
December 6, 2024	72125/26	\$119.17	\$93.40
December 6, 2024	70450/26	\$101.29	\$79.41
Total		\$247.70	\$194.14

Requester's Position

"We initially billed Blue Cross Blue Shield as this is the insurance the patient provided. We received payment from BCBS. Months Later we received a refund request from BCBS stating DOS 12/6/2024 was related to a work injury. We billed Sedgwick as this the WC carrier the BCBS letter provided. The bill & request for reconsideration was denied for timely filing."

Amount in Dispute: \$247.70

Respondent's Position

"As reflected in the EOBs, Hartford Insurance Co of Illinois properly denied reimbursement in this

claim because the bill was not submitted to Hartford within 95 days as required under the Texas Labor Code and Division Rules.”

Response Submitted by: Burns Anderson Jury & Brenner, LLP

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. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.
4. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

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

- 29 – The time limit for filing claim/bill has expired.
- 4271 – Per TX Labor Code Sec. 408.027, Providers must submit bills to payors within 95 days of the date of service.

Issues

1. Did the requester submit documentation supporting an exception to the timely filing deadline?
2. Which rule(s) governs the reimbursement process?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement of professional medical services rendered in December 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 §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 notification from BlueCross BlueShield of Texas notifying the provider of the workers compensation coverage on April 11, 2025. The workers compensation carrier (Sedgwick) indicates receipt of the medical bill on May 2, 2025. This date is within 95 days of the notification of the erroneous billing to BlueCross BlueShield.

The Division of Workers' Compensation (DWC) has determined that the requester qualifies for an exception under Rule 408.0272. Consequently, the insurance carrier's denial of the claim based on untimely submission is not supported. As a result, the requester is entitled to reimbursement.

2. DWC Rule 28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

(DWC Conversion Factor ÷ Medicare Conversion Factor) x Medicare Payment for location where services rendered = MAR. In this instance,

- DWC Conversion Factor for 2024 = \$67.81
- Medicare Conversion Factor for 2024 = \$33.2875
- Allowable for location (San Antonio/4412 – Rest of Texas/99)
 - $72100-26 - 67.81/33.2875 \times \$10.47 = \$21.33$

- $72125-26 - 67.81/33.2875 \times \$45.85 = \$93.40$
- $70450-26-XE - 67.81/33.2875 \times \$38.98 = \$79.41$

3. The total allowable DWC fee guideline reimbursement amount is \$194.14. This amount is due to the requester.

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 Group has established that reimbursement of \$194.14 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Hartford Insurance Co of Illinois must remit to South Texas Radiology Group \$194.14 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 8, 2025 Date
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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. 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.

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.