



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

South Texas Radiology
Imaging Centers

Respondent Name

City of San Antonio

MFDR Tracking Number

M4-26-0126-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

September 12, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 13, 2024	72120	\$82.73	\$0.00
October 25, 2024	72148	\$400.08	\$0.00
Total		\$482.81	\$0.00

Requester's Position

"We billed BCBS, Tristar, CCMSI before finding out the correct insurance was Sedgwick. We finally billed Sedgwick & our bills denied for PFD. We sent PFD appeals & have not received responses from Sedgwick."

Amount in Dispute: \$482.81

Respondent's Position

The Austin carrier representative for City of San Antonio is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on September 15, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available

information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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

[28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

[28 TAC §133.20](#) sets out requirements of medical bill submission.

[28 TAC §102.4](#) details the general rules for Non-Division Communication.

[Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- BT108 – No reimbursement is recommended as this bill was not received within timely submission requirements.
- TX29 – The time limit for filing has expired.

Issues

1. Did the requester support timely submission of September 13, 2024 date of service?
2. Did the requester support timely submission of October 25, 2024 date of service?

Findings

1. The requester is seeking payment of professional medical services rendered on September 13, 2024. 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.

The requester states in their position statement, We initially billed Blue Cross Blue Shield for DOS 9/13/24... 01/15/2025 ...I noticed DOS 9/13/24 was also a (redacted) procedure so I faxed DOS 9/13/24 & 10/25/24 TO CCMSI. 03/13/2025 We called CCMSI for bill status & again were informed they no longer handle billing doe City of San Antonio WC. ...We mailed our claims to Sedgwick.

Review of the submitted documentation found.

- The requester did submit date of service September 13, 2024 to Blue Cross/Blue Shield.
- No evidence found to support submission of the claim to Sedgwick or the receipt of the claim by Sedgwick.

This information does not support that within 95 days of the submitted a claim to the correct workers' compensation carrier. No payment is recommended for date of service September 13, 2024.

Regarding date of service October 25, 2024. The information that is supported is the correct workers' compensation carrier (Sedgwick) received the claim on March 20, 2025. This date is beyond the 95 days of the disputed date of service October 25, 2024. 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 requester has not established that reimbursement 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

_____	_____	December 19, 2025
Signature	Medical Fee Dispute Resolution Officer	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. 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.