



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Center For Pain Relief

Respondent Name

Old Republic Insurance Co.

MFDR Tracking Number

M4-26-0209-01

Carrier's Austin Representative

Box Number 44

DWC Date Received

September 22, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 30, 2024	99442	\$163.47	\$0.00

Requester's Position

"We originally billed this claim to Sedgwick on 11/13/2024...We contacted Genex on 01/15/2025 to check status of payment and learned they no longer were handling this patient's claim... We billed our claim to Corvel as soon as we learned this carrier was now handling this patient's claim. Corvel denied payment of Code 99442 stating 'the time limit for filing claim/bill has expired.' We sent a reconsideration to the carrier with all necessary information stating why this claim was not billed to the carrier before the 95-day deadline. This patient's insurance carrier changed and we billed our claim to the correct carrier as soon as we learned of this change. We have received a 2nd denial stating the filing deadline was not met."

Amount in Dispute: \$163.47

Respondent's Position

"The Respondent/Corvel became the TPA for Bridgestone Americas on 12/1/2024. As such, at the time of their submission of their 10/30/24 billing, Sedgwick was the appropriate handler of the billing. The Respondent first received the Requestor's billing for DOS 10/30/2024 on 3/31/2025."

Response Submitted by: Corvel

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 Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [Texas Labor Code §408.0272](#) sets out certain exceptions for the untimely submission of a medical claim.

Denial Reasons

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

- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.
- W3 – Appeal /Reconsideration.

Issues

1. Has the requester waived their right to medical fee dispute resolution?

Findings

1. The requester is seeking \$163.47 for an evaluation and management visit via telephone communication (audio only) rendered on October 30, 2024.

28 TAC §133.20 which sets out requirements of timely medical bill submission, 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. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to

the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied.”

Texas Labor Code §408.0272(b) which sets out certain exceptions for untimely submission of a claim, states “(b) Notwithstanding Section [408.027](#), a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section [408.027](#)(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; or (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 in its position statement asserts that the disputed claim qualified for exception to the 95-day medical bill submission rule, set out in 28 TAC §133.20, because it erroneously submitted the medical bill for date of service October 30, 2024, to an incorrect workers' compensation insurance carrier. According to the requester's position statement, it submitted the disputed medical bill to the worker's compensation insurance carrier, Sedgwick, on November 13, 2024, and later learned that the third-party administrator (TPA) of this injured worker's claim had changed. It is unclear from the review of the submitted documentation what date the requester learned of the change in carrier TPA.

According to a review of the submitted documentation and according to information known to DWC, Sedgwick was still the correct claim carrier for this injured worker on November 13, 2024, the alleged first date the medical bill was submitted. DWC finds that no EOB from Sedgwick was submitted nor was there a request for an EOB from Sedgwick submitted to DWC.

A review of the submitted EOBs finds that the current insurance carrier TPA, Corvel, first received the disputed medical bill on March 31, 2025, more than 95 days past the disputed date of service October 30, 2024.

DWC finds that according to the greater weight of evidence, none of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, applies in this dispute.

Based on the submitted documentation, DWC finds the requester is not entitled to reimbursement.

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:

October 22, 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, 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.tas.gov.