



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Ortholonestar

**Respondent Name**

Columbia Mutual Insurance Co

**MFDR Tracking Number**

M4-26-0573-01

**Carrier's Austin Representative**

Box Number 53

**DWC Date Received**

October 28, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 23, 2024	99214	\$338.00	\$0.00
October 24, 2024	64787,FA	\$764.00	\$0.00
October 24, 2024	64774,FA	\$1297.00	\$0.00
October 24, 2024	26525,FA	\$2090.00	\$0.00
October 24, 2024	26520,FA	\$2085.00	\$0.00
October 24, 2024	26445,FA	\$1851.00	\$0.00
December 4, 2024	97530,GO,59	\$124.00	\$0.00
December 4, 2024	97140,GO	\$176.00	\$0.00
January 7, 2025	97530,GO,59	\$124.00	\$0.00
January 7, 2025	97140,GO	\$176.00	\$0.00
January 7, 2025	97035,GO	\$45.00	\$0.00
January 9, 2025	97530,GO,59	\$124.00	\$0.00
January 9, 2025	97140,GO	\$176.00	\$0.00
January 9, 2025	97035,GO	\$45.00	\$0.00
January 14, 2025	97530,GO,59	\$124.00	\$0.00
January 14, 2025	97140,GO	\$88.00	\$0.00
January 14, 2025	97035,GO	\$45.00	\$0.00
January 16, 2025	97530,GO,59	\$124.00	\$0.00
January 16, 2025	97140,GO	\$176.00	\$0.00
January 16, 2025	97035,GO	\$45.00	\$0.00
January 20, 2025	97530,GO,59	\$124.00	\$0.00

January 20, 2025	97140,GO	\$176.00	\$0.00
January 20, 2025	97035,GO	\$45.00	\$0.00
February 17, 2025	97530,GO,59	\$125.00	\$0.00
February 17, 2025	97140,GO	\$45.00	\$0.00
February 24, 2025	97530,GO,59	\$125.00	\$0.00
February 24, 2025	97140,GO	\$90.00	\$0.00
February 24, 2025	97112,GO	\$110.00	\$0.00
	TOTAL	\$11,026.00	\$0.00

### Requester's Position

"...Despite these efforts, the bill was not received until our fifth submission on May 22, 2025. At that time, the bill was denied with reason code 29 "the timely filing for filing has expired" and 750 "per 133.20, a medical bill shall not be submitted later than 95 days after dos. Please note that the first three submissions were made before the 95-day filing deadline that lapsed on April 9, 2025. Attached, you will find a document titled "Proof of Timely Filing: Athena One Screenshots," which provides evidence of the submissions as recorded in our software system notes."

**Amount in Dispute:** \$11,026.00

### Respondent's Position

"With respect to all dates of service in dispute, Carrier responds that it did not receive any of the bills until 06/03/25. ...Carrier did not receive any of these bills prior to 06/03/25. The medical bills in dispute were properly denied based on provider's failure to timely submit their bills to the carrier."

**Response Submitted by:** Hoffman Kelley 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. [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.

- 29 – The time limit for filing expired.
- 750 – Per 133.20, A medical bill shall not be submitted later than 95 days after DOS.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal.

### Issues

1. Did the requester waive the right to medical fee dispute resolution?
2. Did the requester support timely submission of medical claim?

### Findings

1. The requester is seeking payment for professional medical services rendered on September 23, 2024, October 24, 2024. DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requester shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

- (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requester receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;
- (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requester received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or
- (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The submitted DWC060 for dates of the service September 23, 2024 and October 24, 2024 .

were received at the Division on October 28, 2025.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requester has waived their right to MFDR for dates of service September 23, 2024 and October 24, 2024.

2. The requester is seeking reimbursement of professional medical services from December 4, 2024 through February 24, 2025. 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 submitted screenshots of their billing system. This information was insufficient to support the timely submission of the medical bill.

Additionally, 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 Ortholonestar has not established that reimbursement of \$11,026.00 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**

_____	_____	November 17, 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](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).