



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Texas Anesthesia Partners PLLC

Respondent Name

Zurich American Insurance Co. of Illinois

MFDR Tracking Number

M4-26-0816-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 20, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 17, 2025	01400-QZ	\$673.73	\$0.00
April 17, 2025	64447-59-RT	\$139.37	\$0.00
	Total:	\$813.10	\$0.00

Requester's Position

"The carrier has denied payment of our claim for timely filing... The facesheet we received indicated to bill UMR for this service. We received a denial from UMR stating this procedure was an issue related to the patient's workers compensation claim with Zurich. We obtained the patient's Zurich claim information and billed our claims to the carrier for payment. Our original claim was denied for timely filing. We sent a reconsideration request to the carrier, along with all support documents to show why we did not bill this claim by the timely filing deadline, and they continue to deny payment for timely filing."

Amount in Dispute: \$813.10

Respondent's Position

"The provider's position is that it submitted its medical bill to the wrong carrier and then within 95 days of that date, it claims to have submitted the medical bill to the correct carrier... the provider has not provided proof that it submitted its initial medical bill to the wrong carrier no later than 95 days following April 17, 2025. As a consequence, the carrier's position remains the same which is that the provider did not timely submit the medical bill to the correct carrier... The provider is not entitled to reimbursement."

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 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 the payment for the disputed services with the following claim adjustment codes.

Relevant from the Explanation of Benefits (EOB) by UMR due to the erroneous claim submission:

- 19 - This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.

Relevant from the EOBs by Zurich:

- 29 - THE TIME LIMIT FOR FILING HAS EXPIRED.

Issues

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

Findings

1. The requester is seeking \$813.10 for professional anesthesia services rendered on April 17, 2025, in an ambulatory surgical center facility.

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... (3) A health care provider who submits a medical bill to the correct workers' compensation insurance carrier must 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."

A review of the only submitted EOB by the health insurance carrier, UMR, dated August 26, 2025, indicates that UMR is reversing a previous payment because the claim is the liability of the Workers' Compensation Carrier due to a work-related injury. DWC finds no documented evidence of the date UMR first erroneously received the medical bill in question.

A review of the submitted documentation finds that the requester submitted internal patient account reports as evidence to support timely filing of the medical bill to the health insurance carrier. However, the documentation review by DWC finds no evidence that a copy of the original medical bill and EOB were submitted as required by DWC Rule 28 TAC §133.20(b)(3), quoted above.

A review of the submitted EOBs by the workers' compensation insurance carrier, Zurich, finds that the correct workers' compensation carrier first received the medical bill on September 5, 2025, more than 95 days past the date of service in dispute.

Because DWC finds no evidence to support that the original medical bill was erroneously submitted to the injured employee's health insurance carrier within 95 days of the disputed date of service, DWC finds that the requester is not eligible for an exception to the 95 day timely medical bill submission requirement in accordance with 28 TAC §133.20 and Texas Labor Code §408.0272.

Per documentation submitted, DWC finds no evidence that the disputed medical bill was submitted to the correct insurance carrier within 95 days of the disputed date of service in accordance with 28 TAC §133.20. DWC finds that the medical bill in dispute was first submitted to the correct insurance carrier more than 95 days after the disputed date of service of April 17, 2025.

DWC finds no evidence to support that any of the exceptions to the 95-day timely filing rule, set out in Labor Code §408.0272, are applicable 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:

December 15, 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.