



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Gabriel Jasso PSYD

Respondent Name

Old Republic

MFDR Tracking Number

M4-26-0848-01

Insurance Carrier's Austin Representative

BOX 44 White Espey PLLC

DWC Date Received

November 21, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
December 17, 2024	96116	\$191.58	\$0.00
December 17, 2024	96121-59	\$466.92	\$0.00
December 17, 2024	96132-59	\$266.63	\$0.00
December 17, 2024	96133-59	\$2420.88	\$0.00
December 17, 2024	96136-59	\$86.11	\$0.00
December 17, 2024	96137-59	\$1008.67	\$0.00
Total		\$4440.79	\$0.00

Requester's Position

The insurance carrier has not properly paid this claim in accordance with DWC Rules governing the specific services billed. ...**SPECIFIC REASONING/RESPONSE: NO RESPONSE OR**

CORRESPONDENCE TO ORIGINAL BILL OR RECONSIDERATION.

Supplemental response submitted January 14, 2026

Proof of timely submission was attached with the original request for reconsideration. The bill and report were submitted 1/17/25.

Amount In Dispute: \$4440.79

Respondent's Position

According to the provider's own billing statement, the bill was sent to United Heartland at PO Box 3026, Milwaukee,[sic] WI, 53201; fax 517-316-2747. Additionally, the provider's proof of submission confirms it was not sent to ESIS or Old Republic Insurance Company, rather to United Heartland.

Supplemental response submitted January 14, 2026

Neither the original bill or the reconsideration was submitted to the Carrier (Old Republic) or ESIS as the TPA. Both were submitted to United Heartland... The first notice that Old Republic/ESIS received of the bill was the MFDR request. Page 44 of your own submission is a copy of the DWC32 which correctly identifies the carrier, address, and fax number.

Response Submitted By: ESIS

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
1. [28 TAC Section 133.20](#) sets out requirements of medical bill submission.
2. [28 TAC Section 102.4](#) details the general rules for Non-Division Communication.
3. [Texas Labor Code 408.0272](#) sets out the workers compensation timely billing and exceptions guidelines.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?

2. Did the requester support timely submission of medical claim?

Findings

1. The requester seeks reimbursement of professional medical services with a date span of December 17, 2024 through January 7, 2025. The amount in dispute is \$4440.79. The requester submitted evidence of claim submission to United Heartland Insurance. The insurance carrier responsible for the medical bills of this injured worker is ESIS who states they never received a bill until the request for MFDR.
2. 28 TAC Section 102.4(h) states, 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.

28 TAC Section 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 evidence supporting the medical bill and request for reconsideration was sent to the carrier United Heartland. The insurance carrier for the injured workers' employer is ESIS. The greater weight of evidence supports that ESIS did not receive notification of the medical bill until the request for MFDR was sent on November 24, 2025.

The requester has not supported timely submission of the medical bill or request for reconsideration to the carrier for the injured worker's employer. 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 requester and the respondent presented 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 Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 23, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 800-252-7031, option three 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 this Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.