



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Hendrick Medical Center

Respondent Name

Old Republic

MFDR Tracking Number

M4-26-1211-01

Insurance Carrier's Austin Representative

BOX 44 White Espey PLLC

DWC Date Received

December 24, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 8, 2025	97110 GP	\$890.43	\$0.00
January 15, 2025	97110 GP	\$890.43	\$0.00
January 22, 2025	97164 GP	\$385.51	\$0.00
Total		\$2,166.37	\$0.00

Requester's Position

"The bill was submitted within 95 days from the date the provider was made aware of the erroneous submission.

Amount In Dispute: \$2,166.37

Respondent's Position

The original billing was received on 07/11/2025... The images that accompany the billing form (behind the EOR) do not include valid proof of timely filing.

Response Submitted By: Corvel

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.
2. 28 TAC Section [133.20](#) sets out requirements for medical bill submission.

Adjustment Reasons

- 197 – Precertification/authorization/notification/pre-treatment absent.
- 29 – The time limit for filing has expired.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely submission of medical bill after notification of correct carrier?

Findings

1. The requester is seeking reimbursement of outpatient physical therapy services rendered in January of 2025. The insurance carrier (Corvel) denied the medical bill as past timely filing. The amount of \$2,166.67 is in dispute.
2. 28 TAC Section 133.20(b)(2)(3) states the following.

(b) Except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider must not submit a medical bill later than the 95th day after the date the services are provided.

(2) In accordance with subsection (c) of the statute, the health care provider must submit the medical bill to the correct workers' compensation insurance carrier no 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.

(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 one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133,

including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.

Review of the information submitted with this dispute did not include information to support the medical bill was submitted to Corvel within 95 days of the notification of the change of workers compensation carrier. The greater weight of evidence supports Corvel received the medical bill on July 11, 2025 which is 95 days after the date of service.

DWC finds the requester has not supported an exception to the 95 day claim submission after notification of correct workers' compensation carrier. 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

_____	_____	January 23, 2026
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 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.