



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

South Texas Radiology Group

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-1497-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

January 27, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 8, 2025	74177/26	\$181.06	\$0.00
April 8, 2025	71275/26	\$180.36	\$0.00
April 11, 2025	71046/26	\$21.76	\$0.00
Total		\$383.18	\$0.00

Requester's Position

"We billed Aetna Insurance as this is the information we received. Aetna processed our bills & Paid. Months later the patient's wife calls us to inform us he provided incorrect insurance information for the date of service 02/27/25 & 02/28/25 as this was related to a work injury. We were provide with Texas Mutual Workers Comp information. Texas Mutual denied our billing & reconsideration request for timely filing."

Amount In Dispute: \$383.18

Respondent's Position

"The rationale given by the requestor for the late bill is not consistent with the Rule above. Our position is that no payment is due."

Response Submitted By: Texas Mutual

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 [102.4](#) details the general rules for non-division communication.
3. Labor Code Section [408.0272](#) sets out workers' compensation guidelines for timely billing and exceptions.

Adjustment Reasons

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20(B) provider shall not submit a medical bill later than the 95th day after the date the service.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support an exception exists for timely submission of the medical bill?
3. Has DWC determined whether the requester is due reimbursement?

Findings

1. The requester is seeking reimbursement of radiology services rendered in April of 2025 in the amount of \$383.18. The insurance carrier denied the claim as not submitted timely.
2. The requester states in their position statement claim was initially submitted to the wrong workers' compensation carrier. TLC 408.0272 (c) states, Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's

erroneous submission of the claim.

28 TAC Section 133.307(b)(3) states, 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.

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. 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 indicates,

- Copies of medical bills for April dates of service submitted to Aetna.
- Explanation of benefits from Aetna indicating payment on May 15, 2025.
- Explanation of benefits from Texas Mutual indicating claim was received on July 30, 2025.

The information submitted does not indicate when the requester was notified of the erroneous claim submission. The greater weight of evidence indicates the medical bill was submitted to Texas Mutual on July 30, 2025. This date is greater than 95 days from the dates of service.

3. DWC finds the information submitted was insufficient in supporting when the requester was notified of the erroneous claim submission, or within 95 days the claim was submitted to the 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

Signature

Medical Fee Dispute Resolution Officer

February 26, 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.