



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Principle Diagnostics LLC

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-26-1820-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 13, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 23, 2025	95886-RT	\$300.00	\$0.00
April 23, 2025	95913	\$2300.00	\$0.00
April 23, 2025	95937-RT	\$390.00	\$0.00
April 23, 2025	95923	\$320.00	\$0.00
April 23, 2025	A4554	\$30.00	\$0.00
April 23, 2025	A4556	\$25.00	\$0.00
April 23, 2025	A4558	\$25.00	\$0.00
April 23, 2025	A4215	\$50.00	\$0.00
April 23, 2025	A4246	\$20.00	\$0.00
April 23, 2025	A4927	\$30.00	\$0.00
Total		\$3490.00	\$0.00

Requester's Position

"We did not get any notice from Sedgwick but knew it was filed on time because of the electronic filing acceptance from Sedgwick. We called Sedgwick they said they are no longer the carrier for the claim. Also, that liberty mutual is the new carrier. They lastly said all pending claims were sent to Liberty Mutual. We called Liberty Mutual and they indicated no claim on file. We sent the claim. It was denied for timely filing. We sent proof of timely filing, and they denied after review".

Amount In Dispute: \$3,490.00

Respondent's Position

"It remains the Carrier's position that the Provider failed to submit its medical bill to the Carrier no later than 95 days following the date of service".

Response Submitted By: Flahive, Ogden & Latson

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

- 292 – This procedure code is only reimbursed when billed with the appropriate initial base code.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely submission of the medical bill?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement in the amount of \$3490.00 for professional medical services rendered on April 23, 2025. The insurance carrier denied the medical bill as not submitted within 95 days.
2. The requester states in their position statement claim were 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.

- (1) 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 acceptable standards for documentation.

Review of the information submitted indicates,

- explanation of benefits from Helmsman Management Services LLC that indicates the medical bill was received on September 2, 2025.
- Bill Status from iCompEDI indicates on May 28, 2025 a claim for the dos and billed amount in dispute was accepted by Receiver / Payor. Payer listed as Sedgwick.

The claim submission report indicates Sedgwick received the medical bill electronically on May 28, 2025 however, the bill was received by Helmsman Management Services LLC until September 2, 2025. This date is greater than 95 days from May 28, 2025.

3. DWC finds the information submitted did not support submission to an incorrect workers' compensation carrier, when the requester was notified of the error in claim submission or that within 95 days of this notification 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

_____	_____	February 26, 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.