



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Trinity Medical Associates

Respondent Name

Federal Insurance Company

MFDR Tracking Number

M4-25-2841-01

Carrier's Austin Representative

Box Number 17

Date Received

July 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 12, 2022	01400	\$8,400.00	\$0.00
July 12, 2022	64448	\$4,200.00	\$0.00
July 12, 2022	64450	\$1,750.00	\$0.00
July 12, 2022	76942	\$350.00	\$0.00
Total		\$14,700.00	\$0.00

Requester's Position

"On 9/30/22 we received a denial from Chubb insurance stating that the claim was denied due to no authorization on file."

Amount in Dispute: \$14,700.00

Respondent's Position

"Corvel asserts the requestor is entitled to \$0.00 reimbursement for outpatient services in dispute based on the requestor's failure to request medical fee dispute resolution no later than one year after the DOS in dispute."

Response Submitted by: CorVel Healthcare Corporation

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 [\(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

The insurance carrier reduced or denied payment for the disputed services with the following claim adjustment codes:

- 197 - Payment adjusted for absence of precert/preauth.
- R77 - CCI; Standard Preparation/ Monitoring Services.
- 107 - Denied- qualifying svc not paid or identified.
- 59 - Distinct Procedural Service.
- 26 - Professional Component.
- AA - Anesthesia services performed by anesthesiologist.
- W3 - Appeal/ Reconsideration.
- 236 - This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.

Issues

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

Findings

The requester seeks payment in the amount of \$14,700.00, for professional medical services provided on July 12, 2022.

28 TAC §133.307 (c) (1) states in the pertinent part, "Timeliness. A requester must timely file the request with the division or waive the right to MFDR. The division will deem a request to be filed on the date the division receives the request. A decision by the division that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section."

The service in question was performed on July 12, 2022. The medical fee dispute was received by the Division on July 9, 2025. This date is more than a year following the in-question date(s) of service.

28 TAC §133.307 (c) (1) (A) states, "A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

A review of the submitted documentation finds that the disputed services do not involve issues identified in 28 TAC §133.307 (c) (1) (B).

Specifically, 28 TAC §133.307(c)(1)(B) allows for a later filing if one of the following conditions applies:

- (i) A related dispute concerning compensability, extent of injury, or liability under Labor Code Chapter 410 has been filed. In such cases, the medical fee dispute must be submitted within 60 days after the requester receives the final decision on compensability, extent of injury, or liability, including all appeals.
- (ii) A dispute regarding medical necessity has been filed. Here, the medical fee dispute must be filed within 60 days after the requester receives the final decision on medical necessity, including all appeals, for the specific health care services in question that were previously denied by the insurance carrier on the basis of medical necessity.
- (iii) The dispute arises from a refund notice issued following a division audit or review. In this situation, the medical fee dispute must be filed within 60 days after the requester receives the refund notice.

The Division concludes that the requester has failed to timely file this dispute with the Division; consequently, the requester has waived the right to medical fee dispute resolution.

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.

The Division finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, the Division has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 31, 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. The Division must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to the Division using the contact information on the form or the field office handling the claim. If you have questions about the 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 the Division. **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.texas.gov.