



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Marcus Hayes DC

Respondent Name

Federal Insurance Company

MFDR Tracking Number

M4-26-0510-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

October 23, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 14, 2025	97750-FC 11 Units	\$804.54	\$0.00

Requester's Position

"A properly completed and properly documented claim was submitted to the carrier. No response nor EOB was received. A past due notification letter was then submitted to the carrier, however again, the carrier did not respond per TDI-DWC rule 133.250 (g)."

Amount in Dispute: \$804.54

Respondent's Position

"The Respondent has not received this DOS in no form (mail, fax, Clearinghouse/ebill). While the Respondent seemingly indicates a fax was sent to the carrier on 7/28/2025, the fax sheet does not identify the claimant, claim #, DOS. It is the Carrier's belief that this DOS was never submitted to the carrier."

Response Submitted by: CorVel Healthcare Corporation

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative code \(TAC\) §133.20](#) sets out the procedures for submission of a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [Texas Labor Code \(TLC\) §408.027](#) sets forth the statutory deadlines governing the submission of medical bills by health care providers.
4. [TLC §408.0272](#) specifies statutory exceptions to the timely-filing requirements for the submission of medical bills by health care providers.
5. [28 TAC §133.240](#) sets out the requirements for submission of a medical bill.

Denial Reasons

Neither party submitted an explanation of benefits (EOBs) for consideration in this dispute. Accordingly, the review is based on the information available at the time of the review.

Issues

1. Did Federal Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Is the requester entitled to reimbursement for the service in dispute?

Findings

1. Dr. Marcus Hayes DC is seeking reimbursement in the amount of \$804.54 for a functional capacity exam performed on May 14, 2025.

28 TAC §133.307(d)(2)(B) requires the respondent to submit "all initial and appeal EOBs related to the dispute as originally submitted to the health care provider in accordance with this chapter, related to the health care in dispute not submitted by the requester, or a statement certifying that the respondent did not receive the health care provider's disputed billing before the dispute request."

The respondent submitted an EOB for the date of service in dispute (May 14, 2025), which was received by the insurance carrier on May 28, 2025. While the bill pertains to the injured employee and the service date in question, it does not involve the disputed CPT code 97750-FC, identified on the DWC060 Request for Medical Fee Dispute Resolution.

Upon review, the requester submitted a fax and a reconsideration request, both dated July 8, 2025. However, this documentation does not provide sufficient information to identify the claim or the date the medical bill was submitted for review.

28 TAC §133.240 (a) requires the insurance carrier to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

DWC finds there is insufficient evidence to show that the complete medical bill in question was submitted to the insurance carrier in a timely manner.

2. In its position statement, the insurance carrier contended that the bill for the disputed date of service was not received.

With a few exceptions, 28 TAC §133.20 (b) and Texas Labor Code (TLC) §408.027(a) requires the submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by the agreement of the parties.

The requester submitted documents indicating that the medical bill was created on May 14, 2025; however, there is no evidence showing that the bill was originally submitted to the insurance carrier. The only documentation of submission is the fax for the reconsideration dated July 8, 2025.

The DWC finds there was insufficient evidence that the requester submitted the medical bill to the insurance carrier within 95 days after the date the services were provided. There was insufficient evidence that the bill in question qualified for any of the exceptions allowed, nor was there any evidence that an agreement had been reached with the insurance carrier to extend the time limit for filing the medical bills.

28 TAC §133.20 (f) states, "Health care providers must not resubmit medical bills to insurance carriers after the insurance carrier has taken final action on a complete medical bill and provided an EOB except in accordance with §133.250 of this chapter (relating to Reconsideration for Payment of Medical Bills)."

The findings established that the requester did not submit sufficient evidence to support that the original medical bill was submitted within 95 days after the dates of service.

Therefore, the DWC concludes that the requester is not entitled to reimbursement for the service in question.

Conclusion

The outcome of this medical fee dispute is determined by the evidence presented by both the requester and the respondent during the adjudication process. While it is acknowledged that not all evidence may have been discussed in detail, all information submitted was duly considered in reaching a resolution.

DWC finds the requester has not established that reimbursement is due.

Order

Under Texas Labor Code §§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

December 12, 2025

Date

Your Right to Appeal

Either party to this medical fee dispute has the right to seek review of this decision under 28 TAC §133.307, which pertains to disputes filed on or after June 1, 2012.

A party wishing to seek 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 adhere to the instructions provided on the form. A direct link is provided to access the form: [DWC Form-045m, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision \(BRC-MFD\)](#). You must submit your request to DWC within 20 days from the date you receive this decision. You can send your request via fax, mail, or by delivering it in person to DWC, using the contact details provided on the form or those of the field office managing your claim. It is imperative that your request is made within the specified timeframe to ensure proper handling of your case. Should you have any questions regarding DWC Form-045M, please contact CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

When seeking a review of the Medical Fee Dispute Resolution (MFDR) decision, the party initiating the review shall deliver a copy of the request to all other parties involved in the dispute simultaneously with the filing of the request with the Department of Workers' Compensation (DWC). Additionally, it is essential to include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required information as specified 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 tres o correo electrónico CompConnection@tdi.texas.gov.