



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Marvin Van Hal, MD

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-25-2301-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

May 19, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 3, 2024	99213-95	\$150.00	\$0.00
October 3, 2024	99080-73	\$65.00	\$0.00
Total		\$215.00	\$0.00

Requester's Position

"This letter is regarding the date of service 10/03/2024, this claim was first billed on 10/08/2024 but we did not receive payment. I resent the claim on 01/06/2025, and received a response on 01/23/2025, but it was only a first sheet, it did not state why it was denied. I then refiled the claim on 02/18/2025, and it was denied again stating the time limit has expired. I resent it again, with proof of timely filing, but it denied again for the same reason, timely filing. I have refiled the claim again on 03/13/2025, and it denied again for timely filing, this time I am sending the claim to Texas Department of Insurance for review."

Amount in Dispute: \$215.00

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co of North America is Downs Stanford PC. Downs Stanford PC was notified of this medical fee dispute on May 23, 2025. Rule §133.307(d)(1) states that if the division does not receive the response within 14 calendar days of the dispute notification, then the division may base its decision on the available information. As of today, no response has been received from the carrier or its representative. We therefore base this decision on the information available as authorized under §133.307(d)(1).

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. [The Texas Labor Code \(TLC\) §408.027](#) sets out the rules for timely submission of claims by health care providers.
4. [TLC §408.0272](#) sets out the exceptions to the timely filing of a medical bill.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- 73 – Work status RPT/DISC outpatient....
- 95 – Sync telemed svc realtime
- 360 – Bill has been identified as a request for reconsideration or appeal.
- 892 – Billed date exceeds 95 days from the date of service.
- 813 – Re-evaluated; no additional payment is recommended.
- OA – Other adjustment.
- PI – Payer initiated.

Issues

1. Is the requester entitled to reimbursement for the service(s) in dispute?

Findings

1. The requester is seeking reimbursement in the amount of \$215.00, for telemedicine visit, and a work status report rendered on October 3, 2024. The insurance carrier denied the claim, citing untimely submission of the medical bills.

According to 28 Texas Administrative Code (TAC) §133.20(b) and Texas Labor Code (TLC) §408.027(a), medical bills must be submitted no later than 95 days after the date the services are provided. Exceptions to this rule are outlined in TLC §408.0272(b), which allows for late submission if the provider billed:

- An insurer that issued a group accident and health insurance policy under which the injured employee was covered;
- A health maintenance organization that issued evidence of coverage for the injured employee;
- A workers' compensation insurance carrier other than the one liable for payment of benefits; or
- If the commissioner determines that a catastrophic event substantially interferes with the provider's normal business operations.

TLC §408.0272(d) also provides that the submission deadline may be extended by mutual agreement of the parties.

Upon review, the Division of Workers' Compensation (DWC) found insufficient evidence that the medical bills were submitted to the insurance carrier within 95 days after the service date. There was also no supporting documentation indicating that the bills qualified for any of the stated exceptions, nor any evidence of an agreement between the parties to extend the filing deadline.

Based on the evidence presented, the requester did not demonstrate timely submission or eligibility under an exception. Therefore, the DWC concludes that the requester is not entitled to reimbursement for the services in dispute.

Conclusion

The resolution of this medical fee dispute is based on the evidence submitted by both the requester and the respondent. While not every piece of evidence is discussed in detail, all materials were reviewed and considered.

The DWC finds that the requester has not established entitlement to reimbursement.

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

_____	_____	July 30, 2025
Signature	Medical Fee Dispute Resolution Officer	Date

Your Right to Appeal

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

To initiate a request for review, the party must complete and submit *DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)*, in accordance with the instructions set forth on the form. This form may be accessed at www.tdi.texas.gov/forms/form20numeric.html.

The completed request must be submitted to the Texas Department of Insurance, Division of Workers' Compensation (DWC), within twenty (20) days of receipt of this decision. Submissions may be made via facsimile, postal mail, or personal delivery, using the contact information provided on the form or that of the appropriate DWC field office managing the claim. Timely submission is essential to ensure that the request is considered and processed appropriately.

The party requesting a review must also send a copy of the request to all other parties involved in the dispute at the same time as it is submitted to the Division of Workers' Compensation (DWC). The request must also include a copy of the Medical Fee Dispute Resolution Findings and Decision, along with any other required documents listed in [28 TAC §141.1\(d\)](#).

For any inquiries regarding *DWC Form-045M*, please contact CompConnection at 1-800-252-7031 (option 3) or via email at CompConnection@tdi.texas.gov.