



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Hanul Srinivas Bhandari
MD

Respondent Name

Alaska National Insurance Co

MFDR Tracking Number

M4-25-3228-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

August 8, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 27, 2025	99205	\$462.61	\$0.00

Requester's Position

"The carrier has not responded to a Request for Reconsideration after multiple attempts to contact them."

Amount in Dispute: \$462.61

Respondent's Position

The Austin carrier representative for Alaska National Insurance Co is Downs Stanford PC. The representative was notified of this medical fee dispute on August 12, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.210](#) sets out the requirements of medical bill submission.

Denial Reasons

Neither party submitted an explanation of benefits that detail the adjudication of the service in dispute.

Issues

1. Did the requester support corrected bill was submitted within timely filing limit?

Findings

1. The requester is seeking payment of a professional medical claim for date of service November 14, 2024. The information submitted with this request for MFDR included a notice from Corvel dated March 10, 2025 notifying the provider bill was being returned as incomplete.

Additional documentation (Request for Reconsideration) was dated May 23, 2025 included the notice "SERVICE LOCATION CORRECTED."

DWC Rule §133.20 (g) states that Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier.

The greater weight of evidence indicates the "new bill" was submitted on May 23, 2025. This date is greater than the claim submission deadline as stated in DWC Rule §133.20 (b) 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.

Based on the information available to DWC at the time of this review, the Division finds the corrected new bill was submitted past the timely filing deadline specified in applicable billing rules. No payment can be recommended.

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.

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

Order

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

Authorized Signature

_____	_____	October 28, 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. 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 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 DWC. **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.