TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

David Teuscher, M.D.

Respondent Name

AIU Insurance Co

MFDR Tracking Number

M4-26-1466-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 22, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
March 21, 2025	99456 W5 NM Designated Doctor Examination	$465.00	$0.00
March 21, 2025	99456 W6 Designated Doctor Examination	$664.00	$0.00
March 21, 2025	99456 W7 Designated Doctor Examination	$664.00	$0.00
March 21, 2025	99456 W8 Designated Doctor Examination	$664.00	$0.00
March 21, 2025	99456 25 Designated Doctor Examination	$311.00	$0.00
	Total	$2,768.00	$0.00

Requester's Position

"Carrier is required to pay designated doctor exams."

Amount In Dispute: $2,768.00

Respondent's Position

The Austin carrier representative for AIU Insurance Co is Flahive Ogden & Latson. The representative was notified of this medical fee dispute on January 26, 2026.

Per 28 Texas Administrative Code Section 133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 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 133.20 sets out the requirements for medical bill submission.

Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the requester entitled to reimbursement?

Findings

1. Dr. Teuscher is seeking reimbursement for a designated doctor examination to determine maximum medical improvement (MMI), impairment rating (IR), extent of injury, disability, and return to work status performed on March 21, 2025. The insurance carrier did not respond to the medical fee dispute resolution request. DWC may base its decision on the available information.

2. The requester is seeking $2,768.00 for the disputed services rendered on March 21, 2025. A review of the submitted documentation finds that the bill was submitted to third-party administrator Sedgwick on two separate dates. The first response from Sedgwick was received on May 23, 2025 and the letter states, "Sedgwick is not the Third-Party Administrator handling this claim. Please forward to the appropriate parties." The bill was

resubmitted to Sedgwick on August 22, 2025 by fax with comments on the cover sheet stating, "…This invoice was submitted to the party listed on the DWC32, please provide payment."

28 TAC Section 133.20(b)(2) states, "In accordance with subsection (c) of the statute, the health care provider **must submit the medical bill to the correct workers' compensation insurance carrier** no later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill."

In this case, the provider failed to:

- Provide sufficient evidence of reasonable efforts to verify the correct insurance carrier.
- Submit the bill to the correct carrier within the required timeframe.
- Provide documentation supporting an exception to the timely filing requirements.

In accordance with rule 28 TAC Section 133.20, the provider is responsible for submitting bills to the correct carrier. Therefore, reimbursement is not recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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

Signature	Medical Fee Dispute Resolution Officer	May 11, 2026 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 electronico CompConnection@tdi.texas.gov.