Division of Workers' Compensation

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Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Jan Petrasek, M.D.

MFDR Tracking Number
M4-21-2020-01

DWC Date Received
July 12, 2021

Respondent Name
New Hampshire Insurance Co.

Carrier's Austin Representative
Box Number 19

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 16, 2021	Designated Doctor Examination (99456-W5-WP)	$800.00	$800.00

Requestor's Position

"THE CARRIER CLAIMS THE CLAIM WASN'T SUBMITTED TIMELY, PLEASE SEE ATTACHED FOR OUR PROOF OF SUBMISSION FROM 01/28/2021."

Amount in Dispute: $800.00

Respondent's Position

The Austin carrier representative for New Hampshire Insurance Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on July 20, 2021.

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 Texas Administrative Code §133.20 sets out the procedures for submitting medical bills.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
3. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

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.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 90950 – This bill is a reconsideration of a previously reviewed bill, allowance amounts reflect any changes to the previous payment.
- 5721 – To avoid duplicate bill denial for all reconsiderations/adjustments/additional payment requests submit a copy of this EOB or clear notation that a recon is

Issues

1. Is New Hampshire Insurance Company's denial based on timely filing supported?
2. Is Jan Petrasek, M.D. entitled to additional reimbursement?

Findings

1. Dr. Petrasek is seeking reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating performed on January 16, 2021. The insurance carrier denied payment stating that "the time limit for filing has expired."

   The health care provider is required by 28 TAC §133.20 (b) to submit a medical bill within 95 days from the date of service.

   The greater weight of evidence submitted to DWC supports that the medical bill was submitted to the insurance carrier or its agent on or about January 28, 2021. This is less than 95 days from the date of service.

The insurance carrier's denial of payment for this reason is not supported.

2. Because the insurance carrier failed to support its denial of payment, Dr. Petrasek is entitled to reimbursement.

   The submitted documentation supports that Dr. Petrasek performed an evaluation of maximum medical improvement as ordered by DWC. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is $350.00.

   Review of the submitted documentation finds that Dr. Petrasek performed impairment rating evaluations of the left shoulder with range of motion testing and a contusion and strain of the left knee.

   The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is $300.00. The MAR for the evaluation of subsequent musculoskeletal body areas is $150.00 each.

   The total MAR for the determination of impairment rating for this dispute is $450.00.

   The total allowable reimbursement for the disputed examination is $800.00. This amount is recommended.

<u>Conclusion</u>

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that additional reimbursement of $800.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that New Hampshire Insurance Company must remit to Jan Petrasek, M.D. $800.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	September 29, 2021 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 electronico CompConnection@tdi.texas.gov.