

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jan Petrasek, M.D.

Respondent Name

Zurich American Insurance Co.

MFDR Tracking Number

M4-21-2397-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

August 24, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 16, 2020	Designated Doctor Examination (99456-W5-WP)	\$650.00	\$150.00
	Designated Doctor Examination (99456-W6-RE)	\$500.00	\$0.00
	Designated Doctor Examination (99456-W5-MI)	\$50.00	\$0.00
Total		\$1,200.00	\$150.00

Requestor's Position

DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED

Amount in Dispute: \$1,200.00

Respondent's Position

We are attaching a copy of the carrier's EOB dated August 13, 2021. The carrier recommended reimbursement of \$900. It is the carrier's position that the provider has been reimbursed \$900.

The provider is entitled to \$350 for the MMI portion of the exam. He is entitled to \$50 for the multiple certification. He is also entitled to \$500 for the extent of injury exam.

The provider billed \$500 for the impairment rating portion of the exam. However, it does not appear that he did any range of motion testing and the number of body areas was limited to one. Thus, the reimbursement for it would be \$150 rather than \$300.

Response Submitted by: Flahive, Ogden & Latson

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 §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.

Denial Reasons

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

- 29 – The time limit for filing has expired.
- 4271 – Per TX Labor Code Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4150 – An allowance has been paid for a designated doctor examination as outlined 134.204(j) for attainment of maximum medical improvement. An additional allowance is payable if a determination of the impairment caused by the compensable injury was also performed.

Issues

1. Did Zurich American Insurance Co. maintain its denial of payment based on timely filing?
2. Is Jan Petrasek, M.D. entitled to additional reimbursement?

Findings

1. Dr. Petrasek is seeking reimbursement for a designated doctor examination performed on December 16, 2020. Per explanation of benefits dated June 2, 2021, the charges were denied for timely filing.

Explanation of benefits dated August 16, 2021, indicates a partial payment and did not uphold the insurance carrier's denial based on timely filing.

2. Dr. Petrasek submitted this dispute requesting reimbursement for examinations to determine maximum medical improvement, impairment rating, and extent of the compensable injury. Because Dr. Petrasek also provided required multiple impairment ratings, reimbursement for this is also requested.

Per explanation of benefits dated August 16, 2021, the insurance carrier reimbursed the examination to determine the extent of the compensable injury and the charge for multiple impairments in full. Therefore, this dispute will address the evaluation of maximum medical improvement and impairment rating.

The submitted documentation supports that Dr. Petrasek performed an evaluation of maximum medical improvement. 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 an impairment rating evaluation of spine. No evidence was provided to support that Dr. Petrasek performed range of motion testing as part of the examination in question.

On pages 11 and 12 of the submitted narrative, Dr. Petrasek indicated that the impairment ratings were assigned based on the DRE method. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00.

The total allowable reimbursement for the examination in question is \$500.00. The insurance carrier paid \$350.00. An additional reimbursement of \$150.00 is recommended.

Conclusion

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 \$150.00 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 Zurich American Insurance Co. must remit to Jan Petrasek, M.D. \$150.00 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

December 15, 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 electrónico CompConnection@tdi.texas.gov.