

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jan Petrasek, M.D.

Respondent Name

Dallas Area Rapid Transit

MFDR Tracking Number

M4-21-2436-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

August 26, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 16, 2021	Specialist Report for Designated Doctor Examination (99456-SP)	\$50.00	\$50.00

Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION ... THE PSYCH EVALUATION REPORT WAS ATTACHED TO THE DDE REPORT AS IT WAS USED TO HELP DETERMINE THE IMPAIRMENT RATING."

Amount in Dispute: \$50.00

Respondent's Position

The Austin carrier representative for Dallas Area Rapid Transit is Hoffman Kelly, LLP. The representative was notified of this medical fee dispute on August 31, 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 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:

- 309 – The charge for this procedure exceeds the fee schedule allowance.
- P12 – Workers' compensation jurisdictional fee schedule adjustment.

Issues

1. Is Jan Petrasek, M.D. entitled to additional reimbursement?

Findings

1. Dr. Petrasek is seeking reimbursement for incorporating a specialist report into a designated doctor examination to determine maximum medical improvement and impairment rating.

Dr. Petrasek referred the injured employee to Dr. Gabriel Jasso to provide a report to aid in determining the impairment rating for "adjustment disorder with mixed anxiety and depressed mood and situational anxiety." The use of this report is noted in the narrative.

Per 28 TAC §134.250 (4)(D)(iii), the correct MAR for this service is \$50.00. This amount 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 \$50.00 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 Dallas Area Rapid Transit must remit to Jan Petrasek, M.D. \$50.00 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

November 5, 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.