



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jan Petrasek, M.D.

**Respondent Name**

State Office of Risk Management

**MFDR Tracking Number**

M4-24-1204-01

**Carrier's Austin Representative**

Box Number 45

**DWC Date Received**

January 30, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 14, 2023	Designated Doctor Examination 99456-W5-WP	\$300.00	\$150.00
	Designated Doctor Examination 99456-W7-RE	\$0.00	\$0.00
	Designated Doctor Examination 99456-W8-RE	\$0.00	\$0.00
	Multiple Impairment Ratings 99456-W5-MI	\$0.00	\$0.00
	Work Status Report 99080-73	\$15.00	\$0.00
<b>Total</b>		<b>\$315.00</b>	<b>\$150.00</b>

### Requestor's Position

"DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION"

**Amount in Dispute:** \$315.00

## Respondent's Position

"Due to discrepancies found in the report, DWC68, and the Presiding Officers Directive to order Designated Doctor Exam, it is difficult to determine what the reimbursement allowance should be for this exam. It appears the Designated doctor did not bill in compliance with Chapters 133 and 134 as the exam and billing do not coincide with the orders ...

"Assessing the report for appropriate allowance found the following:

MMI - \$350.00

IR - \$750.00 (ROM results not submitted in the report for review)

a) based on Box IV of the presiding officer's directive to order Designated Doctor exam

- i. Other body areas
- ii. Mental and behavioral disorders
- iii. Infectious diseases (complicated)
- iv. Upper Extremity
- v. Lower Extremity

...

DWC73 - \$0.00"

**Response Submitted by:** State Office of Risk Management

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the ability to return to work.
3. [28 TAC §134.239](#) sets out the fee guidelines for work status forms provided with designated doctor examinations.
4. [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:

- P12 – Workers’ compensation jurisdictional fee schedule adjustment.
- 97 – The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated.
- Notes: “MMI/IR PERFORMED ON ONLY 5 AREA. DRE METHOD USED.”

## Issues

1. What are the services considered in this dispute?
2. Is Jan Petrasek, M.D. entitled to additional reimbursement for the services in question?

## Findings

1. Dr. Petrasek is seeking additional reimbursement for a designated doctor examination which included determination of maximum medical improvement, impairment rating, disability, and ability to return to work. The doctor also included multiple impairment calculations and a work status report.

Dr. Petrasek is seeking \$0.00 for the examinations to determine disability and return to work and provide multiple impairment calculations. Therefore, these services will not be considered in this dispute.

Dr. Petrasek is seeking an additional \$300.00 for the examination to determine maximum medical improvement and impairment rating, and \$15.00 for providing a work status report. These services will be considered in this dispute.

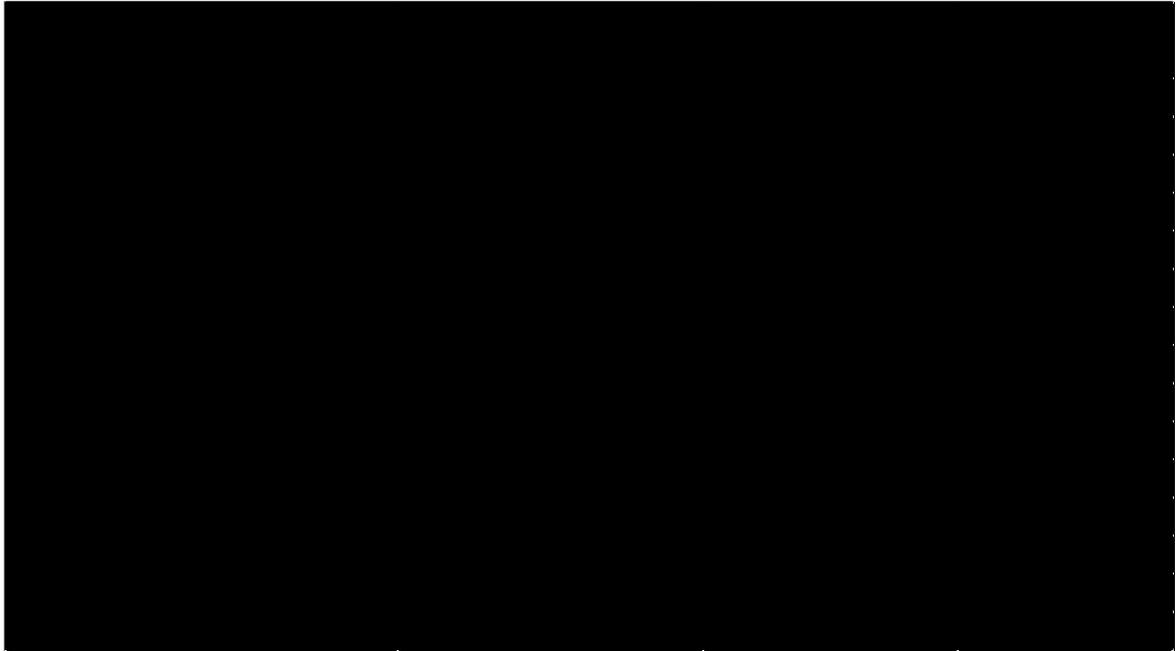
2. The submitted documentation supports the claim that Dr. Petrasek performed an evaluation of maximum medical improvement (MMI) as ordered by DWC. 28 TAC §134.250(3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Petrasek performed impairment rating evaluations of [REDACTED]

28 TAC §134.250(4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of a musculoskeletal body area determined using the DRE method is \$150.00. The MAR for the evaluation of subsequent musculoskeletal body areas is \$150.00 each.

28 TAC §134.250(4)(D) defines the fees for the calculation of an impairment rating for non-musculoskeletal body areas. The MAR for the assignment of impairment rating for non-musculoskeletal body areas is \$150.00 each.

The total for the examination to determine maximum medical improvement and impairment rating is calculated below:



Per 28 TAC §§134.235 and 134.239, filing the DWC073 is not separately payable when provided with a designated doctor examination.

The total allowable reimbursement for the services in question is \$1,400.00. Per explanation of benefits dated August 3, 2023, the insurance carrier paid \$1,250.00. 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 requestor 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 State Office of Risk Management 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

\_\_\_\_\_  
May 15, 2024  
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](http://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 three or email [CompConnection@tdi.texas.gov](mailto: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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).