



## Medical Fee Dispute Resolution Findings and Decision General Information

**Requestor Name**

Jan Petrasek, M.D.

**Respondent Name**

City of San Antonio

**MFDR Tracking Number**

M4-24-1384-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

February 23, 2024

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 5, 2023	99456	\$350.00	\$350.00
		<b>Total</b>	\$350.00

### Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$350.00

### Respondent's Position

The Austin carrier representative for City of San Antonio is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on February 27, 2024. 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 position statement 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 \(TAC\) §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.
2. [28 TAC §133.20](#) sets out requirements of medical bill submission by health care providers.
3. [Texas Labor Code §408.027](#) sets out requirements for the timely submission of medical bills.
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 denied the payment for the disputed services with the following claim adjustment codes:

- 29 – The time limit for filing has expired.

### Issues

1. Is the insurance carrier's denial reason based on untimely filing of the medical bill supported?
2. Is the requestor entitled to reimbursement?

### Findings

1. The requestor is seeking \$350.00 for a disputed designated doctor examination service rendered on July 5, 2023. Per a review of the submitted documents, the insurance carrier denied the service in dispute based on untimely filing of the medical bill.

28 Texas Administrative Code §133.20 which sets out requirements of timely medical bill submission, states in pertinent part "(b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not 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. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and

sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied.”

Per Texas Labor Code (TLC) Sec. §408.027, “(a) A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.” TLC §408.0272(b) then sets out certain exceptions for untimely submission of a claim, stating “(b) Notwithstanding Section [408.027](#), a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section [408.027](#)(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section [408.027](#)(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.”

A review of the relevant documentation submitted finds a fax transmission confirmation as sufficient evidence that the medical bill and medical report were successfully sent to and received by the insurance carrier on July 14, 2023, via the fax number provided by the insurance carrier on the DWC032, “Request for Designated Doctor Examination” form. DWC finds evidence to support that the medical bill was sent to the insurance carrier or its agent less than 95 days from the date of service, as required per TLC §408.027 and TAC §133.20.

DWC finds that the insurance carrier’s reason for denial of the disputed claim is not supported.

2. The disputed service involves unpaid charges in the amount of \$350.00 for a designated doctor examination rendered on July 5, 2023, for the purpose of establishing: if maximum medical improvement (MMI) has been reached; what date MMI was reached if applicable; and to provide impairment ratings (IR) if MMI has been reached.

Because the insurance carrier’s reason for denial is not supported, DWC finds that the requestor, a designated doctor, is entitled to reimbursement.

On the disputed date of service, the requestor billed \$350.00 for CPT code 99456. CPT code 99456 indicates the service of a maximum medical improvement (MMI) and/or impairment rating (IR) examination by a doctor other than the treating doctor.

The submitted documentation supports that the requestor, a designated doctor, performed an evaluation of maximum medical improvement (MMI) as ordered by DWC. Per 28 TAC §134.250 (3)(C), the maximum allowable reimbursement (MAR) for this examination is \$350.00. The medical report certifies that the injured employee had not yet met MMI and therefore, no impairment rating was assigned or charged for on the disputed date of service.

DWC finds that 28 TAC §134.250 applies to the reimbursement of the service in dispute. 28 TAC §134.250, which sets out the fee guidelines for maximum medical improvement examinations and impairment ratings, states in pertinent part, "(3) The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350."

A review of the medical bills and medical record submitted finds that the requestor's charges for the services rendered on July 5, 2023, are in accordance with 28 TAC §134.250, which sets out the fee guidelines for examinations to determine maximum medical improvement.

DWC finds that the requestor is entitled to reimbursement in the amount of \$350.00 for the service in dispute rendered on July 5, 2023.

### 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 reimbursement is due in the amount of \$350.00.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, the DWC has determined the requestor is entitled to reimbursement for the disputed date of service. It is ordered that the Respondent, City of San Antonio, must remit to the Requestor, Jan Petrasek, M.D. \$350.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

### **Authorized Signature:**

May, 14 2024

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
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, call CompConnection at 1-800-252-7031, option 3 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 3 o correo electrónico [CompConnection@tdi.tas.gov](mailto:CompConnection@tdi.tas.gov).