



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Jan Petrasek, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-25-0789-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

December 6, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 1, 2024	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-NM	\$350.00	\$0.00

Requestor's Position

"The treating doctor was not certified to perform MM/IR and referred the examinee to our office for a Certifying Examination. The claim was denied for timely filing however, as you can see the claim was received on 05-07-2024 which was on or before the 95th day from the date of examination. Please see proof of fax receipt of the original claim dated 05-07-2024."

Amount in Dispute: \$350.00

Respondent's Position

"Texas Mutual on 05/07/2024 received an incomplete bill from JAN PETRASEK MD.

"Texas Mutual returned the bill to JAN PETRASEK MD. With an explanation regarding the requirement for submitting a complete bill and notification of timely filing requirement.

"Texas Mutual on 08/05/2024 received another incomplete bill from JAN PETRASEK MD., but was able to determine a diagnosis code based on the attachment with the bill and went ahead and

processed the bill.”

Response Submitted by: Texas Mutual Insurance Company

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 \(TAC\) §133.10, effective April 1, 2014, 38 TexReg 9594](#) sets out the procedures for completing a medical bill.
2. [28 TAC §133.20, effective January 29, 2009, 34 TexReg 430](#) sets out the procedures for submitting a medical bill.
3. [28 TAC §133.200, effective May 2, 2006, 31 TexReg 3544](#) sets out the procedures for receipt of a medical bill by the insurance carrier.
4. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- CAC-29 – The time limit for filing has expired.
- 731 – Per 133.20(b) provider shall not submit a medical bill later than the 95th day after the date the service.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- DC4 – No additional reimbursement allowed after reconsideration.

Issues

1. Is Jan Petrasek, M.D. entitled to reimbursement for the examination in question?

Findings

1. Dr. Petrasek is seeking reimbursement for an examination to determine maximum medical improvement performed on the date of service February 1, 2024.

Submitted documentation indicates that a bill was submitted by the requestor on May 7, 2024, for the services in question.

28 TAC §133.10(f)(1) states, in relevant part, "The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care: (M) diagnosis or nature of injury (CMS-1500/field 21) is required; at least one diagnosis code and the applicable ICD indicator must be present."

DWC finds that the evidence indicates that the submitted bill did not include a diagnosis as required by 28 TAC §133.10(f)(1)(M).

28 TAC §133.200(a) states,

- (a) On receipt of medical bills submitted in accordance with §133.10(a)(1) and (2) of this chapter ..., an insurance carrier shall evaluate each medical bill for completeness as defined in §133.2 of this chapter.
 - (1) Insurance carriers shall not return medical bills that are complete, unless the bill is a duplicate bill.
 - (2) Within 30 days after the day, it receives a medical bill that is not complete as defined in §133.2 of this chapter, an insurance carrier shall:
 - (A) complete the bill by adding missing information already known to the insurance carrier, except for the following:
 - (i) dates of service;
 - (ii) procedure/modifier codes;
 - (iii) number of units; and
 - (iv) charges; or
 - (B) return the bill to the sender, in accordance with subsection (c) of this section.

Per submitted letter dated May 15, 2024, the insurance carrier returned the bill as incomplete in accordance with 28 TAC.200(a)(2)(B).

28 TAC §133.20(g) states, "health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier."

The submitted documentation supports that Dr. Petrasek submitted a bill to the insurance carrier on September 10, 2024. While this bill did not include a diagnosis code, the insurance carrier elected to complete the medical bill in accordance with 28 TAC §133.200(a)(2)(A) and denied payment based on failure to submit the bill within 95 days from the date of service.

28 TAC §133.20(b) requires, in relevant part, that, "except as provided in Labor Code §408.0272(b), (c), or (d), a health care provider must not submit a medical bill later than the 95th day after the date the services are provided."

No evidence was found to support the requestor submitted a complete medical bill to the insurance carrier within 95 days from the date of service. No reimbursement can be 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 not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 5, 2025

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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.