TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Jan Petrasek, M.D.

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-26-1523-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

January 28, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 20, 2025	Designated Doctor Examination 99456-NM	$465.00	$0.00
September 20, 2025	Designated Doctor Examination 99456-25	$311.00	$311.00
	Total	$776.00	$311.00

Requester's Position

"NO REPONSE TO BILL OR RECONSIDERATION"

Amount In Dispute: $776.00

Respondent's Position

The Austin carrier representative for Safety National Casualty Corp. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on January 29, 2026.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then 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 Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section 134.210 sets out the fee guidelines for workers' compensation specific services.
3. 28 TAC Section 134.240 sets out the fee guidelines for designated doctor examinations.

Adjustment Reasons

The insurance carrier reduced payment for the disputed services with the following reasons:

1. 5141 – Bill has been reviewed by a nurse or under the direction of a nurse.
2. 943 – Documentation does not support billed charge. No recommendation can be made.
3. 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
4. N706 – Missing documentation.
5. PI – These are adjustments initiated by the payer, for such reasons as billing errors or services that are considered not "reasonable or necessary." The amount adjusted is generally not the patient's responsibility, unless the workers' compensation state law allows the patient to be billed.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's reduction based on lack of documentation supported?
3. Is the requester entitled to additional reimbursement?

Findings

1. The requester is seeking reimbursement for a designated doctor examination requested by the insurance carrier and ordered by DWC to determine if maximum medical improvement had been reached. Documentation indicates that the insurance carrier paid $465.00 for this

service, which is the requested amount. DWC will not review this service for additional reimbursement.

The requester is also seeking reimbursement for $311.00 in fees related to the evaluation of an injury that required board certification. The insurance carrier denied this charge for lack of documentation. This service will be reviewed for additional reimbursement in accordance with applicable rules.

2. The examination in question included an evaluation of [redacted], which requires a board-certified specialist in accordance with 28 TAC Section 127.130(b)(9)(D). The submitted documentation supports that the designated doctor performed an examination of a condition resulting from [redacted]. DWC finds that the insurance carrier's denial for lack of documentation is not supported.

3. Because the insurance carrier failed to support its denial of payment for the service in question, DWC finds that the requester is entitled to reimbursement.
   28 TAC Section 134.240(g) states, in relevant part, "When the division orders the designated doctor to perform an examination of an injured employee with one or more of the diagnoses listed in §127.130(b)(9)(B) - (I) of this title: … (3) The designated doctor must bill, and the insurance carrier must reimburse, $300 adjusted per §134.210(b)(4) in addition to the examination fee." The adjusted amount for the date of service in question is $311.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the requester and the respondent presented 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 is due.

Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to additional reimbursement for the disputed services. It is ordered that Safety National Casualty Corp. must remit to Jan Petrasek, M.D. $311.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

Authorized Signature

		May 5, 2026
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 Section 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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.