

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ranil Ninala, M.D.

Respondent Name

Liberty Insurance Corp.

MFDR Tracking Number

M4-21-1989-01

Carrier's Austin Representative

Box Number 01

DWC Date Received

July 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 14, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$0.00	\$0.00
September 14, 2020	Examination to Determine Extent of the Compensable Injury	\$0.00	\$0.00
September 14, 2020	Examination to Determine Ability to Return to Work	\$100.00	\$0.00
September 14, 2020	Multiple Impairment Ratings	\$50.00	\$0.00
September 14, 2020	Work Status Report	\$15.00	\$0.00
Total		\$165.00	\$0.00

Requestor's Position

"POST DESIGNATED DOCTOR EXAM INCORRECT REDUCTION"

Amount in Dispute: \$165.00

Respondent's Position

"The bill has been reviewed and adjusted for payment."

Response Submitted by: Liberty Mutual Insurance

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 §134.235 sets out the fee guidelines for examinations to determine ability to return to work.
3. 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
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- 97
- 906 – In accordance with clinical based coding edits (National Correct Coding Initiative/Outpatient Code Editor), Component code of comprehensive medicine, evaluation and management services procedure has been disallowed.

Issues

1. What are the services reviewed in this dispute?
2. Is Ranil Ninala, M.D. entitled to additional reimbursement for the services in question?

Findings

1. Dr. Ninala is seeking additional reimbursement for an examination that included evaluations of maximum medical improvement, impairment rating, extent of injury, and ability to return to work.

Dr. Ninala is seeking \$0.00 for the examinations to determine maximum medical improvement, impairment rating, and extent of injury. Therefore, these examinations will not be reviewed in this dispute.

Per explanation of benefits dated July 23, 2021, Liberty Insurance Corp. paid the disputed amounts for the multiple impairments and work status form in full. Therefore, these services will not be reviewed in this dispute.

DWC will review the examination to determine ability to return to work, represented by CPT code 99456-RE-22, in this dispute.

2. The insurance carrier reduced payment for the examination in question based on fee guidelines.

Per 28 TAC §134.235, An examination to determine return to work is billed using CPT code 99456 with modifier "RE" only when the examination was requested by the DWC or the insurance carrier. No evidence was received to support that the examination in question was requested by the DWC or the insurance carrier.

DWC finds that Dr. Ninala is not entitled to additional reimbursement for the examination in question.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	September 10, 2021
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. 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.