



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ninala, Ranil

Respondent Name

Indemnity Insurance Co of North America

MFDR Tracking Number

M4-21-2279-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

August 11, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 17, 2021	99456 WP	\$300.00	\$300.00
	Total	\$300.00	\$300.00

Requestor's Position

The Doctor rated 4 areas, the spine, the concussion, the left knee and the left shoulder.

Amount in Dispute: \$300.00

Respondent's Position

The Carrier has submitted the bill in dispute for review, and an additional payment per the fee guidelines is currently being made. A copy of the payment will be provided once issued.

Response submitted by: Downs Stanford, P.C.

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 §134.250 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:

- 5853 – The amount paid reflects a fee schedule reduction
- P12 – Workers' compensation jurisdictional fee schedule adjustment

Issues

1. Is the insurance carrier's position supported?
2. What rule(s) is applicable to the reimbursement of the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of examination and certification of MMI and impairment ratings. The respondent states, "The Carrier has submitted the bill in dispute for review, and an additional payment per the fee guidelines is currently being made."

Review of the submitted documentation found insufficient evidence to support an additional payment was made. The services in dispute will be reviewed per applicable fee guidelines.

2. Review of the submitted documentation found the examining physician completed the DWC069 as Doctor selected by Treating Doctor. Further review found the physician certified the injured worker reached MMI (maximum medical improvement) and has an impairment rating (IR) of zero.

DWC Rule 28 TAC §134.250 (4)(A) requires the doctor to bill with CPT code 99456 when the examining doctor also performs the testing for impairment rating of musculoskeletal body areas.

DWC Rule 28 TAC §134.250 (3)(C)(iii) requires the examining doctor to add modifier "WP." The

submitted medical bill contained code 99456 WP. The reimbursement is \$350.00. This amount is recommended.

Review of the submitted documentation finds that Dr. Ranil Ninala performed IR evaluations of cervical spine, upper and lower extremities with range of motion testing and an IR of the head.

DWC Rule 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

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.

The total musculoskeletal body areas examined was three. The total recommended reimbursement is \$600.00.

DWC Rule 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. This amount is recommended.

3. The total MAR for the examination performed on May 17, 2021, is \$350 for the exam, \$300 for the first IR, \$300 for the other two musculoskeletal IRs and \$150 for the non-musculoskeletal body area (head) for a total MAR of \$1100. The insurance carrier paid \$800.00. The requestor is seeking an additional \$300.00. This amount 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 requester has established that additional reimbursement 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 Indemnity Insurance Co of North America must remit to Dr. Ranil Ninala \$300.00 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

December 13, 2021

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.