



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ranil Ninala, M.D.

**Respondent Name**

City of Plano

**MFDR Tracking Number**

M4-23-2494-01

**Carrier's Austin Representative**

Box Number 17

**DWC Date Received**

May 27, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 22, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	\$0.00	\$0.00
	Examination to Determine Ability to Return to Work – 9956-RE	\$500.00	\$0.00
<b>Total</b>		<b>\$500.00</b>	<b>\$0.00</b>

### Requestor's Position

“POST DESIGNATED DOCTOR EXAM INCORRECT REDUCTION”

**Amount in Dispute:** \$500.00

### Respondent's Position

The Austin carrier representative for City of Plano is Downs Standford PC. The representative was notified of this medical fee dispute on June 6, 2023.

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 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 \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §126.17](#) sets out the guidelines for examinations by treating or referral doctors after a designated doctor examination to determine issues other than maximum medical improvement and impairment rating.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.235](#) sets out the guidelines for examinations to determine the ability to return to work.

### Denial Reasons

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

- 234 – This procedure is not paid separately.
- P13 – Payment reduced/denied based on state WC regs/policies
- Notes: "Referral physicians are only paid for non-MMI/IR determinations when the exam is an alternate determination and the DD physician made a determination. No prior DD (as you also indicate in your report) on file. This is not an alternate exam."

### Issues

1. What are the services considered in this dispute?
2. Is insurance carrier's denial of payment for the services in question supported?

### Findings

1. Ranil Ninala, M.D. is seeking reimbursement for an examination that includes findings of maximum medical improvement, impairment rating, and the ability of the injured employee to return to work.

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

Dr. Ninala is seeking \$500.00 for the examination to determine the ability to return to work billed as procedure code 99456-RE. This service will be discussed in this dispute.

2. In the requestor's position statement submitted with this dispute and in a submitted document labeled "REQUEST FOR RECONSIDERATION/APPEAL- POST DESIGNATED DR EXAMINATION," the disputed service is labeled as being performed as a post-designated doctor examination.

28 TAC §126.17(a) provides, in relevant part that "An examination by the injured employee's treating doctor or another doctor to whom the injured employee is referred by the treating doctor to determine any issue other than certification of maximum medical improvement and the evaluation of permanent impairment may be appropriate after a designated doctor examination if: (1) the designated doctor issued an opinion on the issue ..."

28 TAC §126.17(b) states, in relevant part, "Notwithstanding §129.5 of this title (relating to Work Status Reports), if the treating doctor or the referral doctor examines the injured employee to address an issue relating to return to work, the doctor must also file a Work Status Report."

28 TAC §134.235 states, in relevant part, "The following shall apply to return to work (RTW)/evaluation of medical care (EMC) examinations. When conducting a division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT code 99456 with modifier 'RE.' In either instance of whether maximum medical improvement/ impairment rating (MMI/IR) is performed or not, the reimbursement shall be \$500 in accordance with §134.240 of this title and shall include division-required reports."

Review of the submitted information finds no evidence that a designated doctor issued an opinion on the issue of return to work. No Work Status Report was found in the submitted documentation. Therefore, reimbursement is not recommended under the provisions found in 28 TAC §126.17.

The examination in question was not requested by the division or insurance carrier. Therefore, reimbursement is not recommended under the provisions found in 28 TAC §134.235.

The division concludes that no reimbursement can be recommended for the disputed examination.

### 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 additional 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

July 21, 2023

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