

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

RANIL NINALA, MD

Respondent Name

FEDERAL INSURANCE CO

MFDR Tracking Number

M4-24-1192-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

January 29, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 22, 2023	Maximum medical improvement and Impairment examination Code 99456-WP	\$0.00	\$0.00
	Multiple Impairment Ratings Code 99456-MI x 1 unit	\$50.00	\$0.00
Total		\$50.00	\$0.00

Requestor's Position

"The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134. The carrier has not properly paid this claim following our filing of Request for Reconsideration. Therefore, we are filing for Medical Dispute Resolution at this time per Rule 133.307."

Amount in Dispute: \$50.00

Respondent's Position

"The Requestor is claiming billing is part of a Post Designated Doctor Exam. While the exam is occurring a DDE by Dr. Aaron Ford, DC (3/23/23), this is not a DDE itself. Rather, it is an alternate exam requested by the TD group (Carenow). Dr. Ford placed the IW at MMI for compensable injuries with 0% MMI as well as injuries not accepted by the carrier (also at MMI with 0% IR). The Requestor submitted their bill with 99456-WP and 99456-MI for DOS 8/23/2023 in the amount of \$700. HCP was paid \$650 for 99456-WP, but 99456-MI was denied as only a Designated

Doctor can bill with modifier MI (as per rule 134.210(e)(5) listed above). Line comment informed the HCP of this information and indicated corrected coding. Upon request for reconsideration, the HCP did not correct coding, as such denial for this lien was maintained.

Response Submitted by: Corvel

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 Texas Administrative Code (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 denied the payment for the disputed services with the following claim adjustment codes:

- 6 – 100% of allowable charges
- WP- Whole procedure
- 234 – This procedure is not paid separately
- MI – Multiple Impairment ratings

Issues

1. Is Ranil Ninala, MD entitled to additional reimbursement?

Findings

1. A review of the disputed services identified on the "Table of Services in Dispute," finds that the requestor is seeking \$0.00 reimbursement for a post-designated doctor exam rendered on August 22, 2023. Therefore, this charge will not be considered in this review.

Dr. Ninala is requesting reimbursement in the amount of \$50.00 for multiple impairment ratings. This disputed service is reviewed.

Dr. Ninala is requesting reimbursement for an additional impairment rating rendered as part of an examination performed at the request of the injured employee, as referred by the treating doctor. 28 TAC 134.250(4)(B) reserves reimbursement for multiple impairment ratings performed as part of a designated doctor examination. Because this service was not provided as part of a designated doctor examination no reimbursement is due.

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 of \$0.00 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



Signature

Medical Fee Dispute Resolution Officer

April 23, 2024

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.