



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ranil Ninala, M.D.

Respondent Name

Ace American Insurance Co.

MFDR Tracking Number

M4-24-1377-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

February 22, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 24, 2023	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$0.00	\$0.00
	Examination to Determine Extent of Injury 99456-RE	\$0.00	\$0.00
	Examination to Determine Ability to Return to Work 99456-RE	\$250.00	\$0.00
	Multiple Impairment Ratings 99456-MI	\$100.00	\$0.00
	Work Status Report 99456-73	\$15.00	\$0.00
Total		\$365.00	\$0.00

Requestor's Position

"POST DESIGNATED DOCTOR EXAM INCORRECT REDUCTION"

Amount in Dispute: \$365.00

Respondent's Position

"The bills have been disputed because they have been billed with modifier 'RE', but it should be modifier 'W6' & 'W8'."

Response Submitted by: Broadspire

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 \(TAC\) §129.5](#) sets out the procedures for filing work status reports.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.235](#) sets out the fee guidelines for examinations to determine the ability to return to work.
4. [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 or denied the payment for the disputed services with the following claim adjustment codes:

- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- 308 – MMI/IR procedure code 99456 is permitted only once in the same date of service.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 306 – To reprice this code requires the appropriate modifier. Please attach the appropriate modifier and resubmit.
- B15 – This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/ adjudicated.
- 219 – This procedure, supply, service or report does not normally warrant a charge.

Issues

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

Findings

1. Dr. Ninala submitted a request for medical fee dispute resolution in accordance with 28 TAC §133.307. The request was for an examination by a doctor referred by the treating doctor to determine maximum medical improvement, impairment rating, extent of injury, and 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 services will not be reviewed in this dispute.

Dr. Ninala is seeking reimbursement for an examination to determine the ability to return to work, providing multiple impairment ratings, and submitting a work status form. These are the services reviewed in this dispute.

2. Dr. Ninala billed procedure code 99456-RE for the examination to determine the injured employee's ability to return to work. Per 28 TAC §134.235, an examination to determine the ability to 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. Therefore, no reimbursement can be recommended for this service.

Dr. Ninala is seeking reimbursement for the calculation of additional impairment ratings given as part of an examination performed at the request of treating doctor. 28 TAC §134.250(4)(B) reserves reimbursement for multiple impairment ratings performed as part of a **designated doctor** examination. The evidence presented with the dispute request does not support that this service was provided as part of a designated doctor examination. Therefore, no reimbursement can be recommended.

Dr. Ninala is also seeking reimbursement for a submitted work status report. Billing and reimbursement for work status reports is subject to 28 TAC §129.5 which states, in relevant part:

- (e) The doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report:
 - (1) after the initial examination of the injured employee, regardless of the injured employee's work status;
 - (2) when the injured employee experiences a change in work status or a substantial change in activity restrictions; and
 - (3) on the schedule requested by the insurance carrier, its agent, or the employer requesting the report through its insurance carrier, which shall not exceed one report every two weeks and which shall be based upon the doctor's, delegated

physician assistant's, or delegated advanced practice registered nurse's scheduled appointments with the injured employee ...

- (g) In addition to the requirements under subsection (e) of this section, the treating doctor, delegated physician assistant, or delegated advanced practice registered nurse shall file the Work Status Report with the insurance carrier, employer, and injured employee within seven days of the day of receipt of:
 - (1) functional job descriptions from the employer listing available modified duty positions that the employer is able to offer the injured employee as provided by §129.6(a) of this title (relating to Bona Fide Offers of Employment); or
 - (2) a required medical examination doctor's Work Status Report that indicates that the injured employee can return to work with or without restrictions ...
- (j) Notwithstanding any other provision of this title, a doctor, delegated physician assistant, or delegated advanced practice registered nurse may bill for, and an insurance carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the insurance carrier, its agent, or the employer through its insurance carrier asks for an extra copy ...

DWC finds that the submitted evidence does not meet the requirements to support billing for completion of the DWC073 as outlined in 28 TAC §129.5. No reimbursement is recommended for this service.

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

May 7, 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 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 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.