



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ranil Ninala, M.D.

Respondent Name

Accident Fund General Insurance

MFDR Tracking Number

M4-25-2327-01

Carrier's Austin Representative

Box Number 06

DWC Date Received

May 21, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
October 30, 2024	Examination to Determine Maximum Medical Improvement – 99456	\$449.00	\$0.00
	Examination to Determine Impairment Rating – 99456	\$385.00	\$0.00
Total		\$834.00	\$0.00

Requestor's Position

"CERTIFYING DOCTOR EXAMINATION MAXIMUM MEDICAL IMPROVEMENT & IMPAIRMENT RATING ... The claim/bill was correctly billed per Rule 134.260 MMI/IR by a Referred Doctor ... CERTIFYING DOCTOR EXAMS DO NOT REQUIRE A DWC PROVIDED ASSIGNMENT NUMBER"

Amount in Dispute: \$834.00

Respondent's Position

"The provider argues that no additional modifier is required for billing of Designated Doctor exams. According to Rule §134.240, modifiers are required:

"[...] and the designated doctor must apply the additional modifier 'W5.'

"To date, no bill with these required modifiers has been received."

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 \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.240](#) sets out the fee guidelines for designated doctor examinations.
3. [28 TAC §134.260](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.

Denial Reasons

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

- 4115 – Please submit with state required modifier.
- 5443 – The designated doctor and any referral health care providers must include the DWC-provided assignment number in the prior authorization field (CMS-1500/field 23) in accordance with §133.10(f)(10)(W).

Issues

1. Is Ranil Ninala, M.D. entitled to reimbursement?

Findings

1. Dr. Ninala is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) . The insurance carrier denied payment based on missing modifiers.

Dr. Ninala billed the disputed services with two line items using procedure code 99456 with no modifiers. In its position statement, the requestor stated that "The claim/bill was correctly billed per Rule 134.260 MMI/IR by a Referred Doctor." When performing an examination that determines the injured employee is at MMI and includes a calculation of impairment rating in the role of a doctor referred by the treating doctor, no modifier is applicable.

The report included with this dispute indicates that Dr. Ninala was acting in the role of a designated doctor. If Dr. Ninala was ordered by DWC to perform the examination in question as a designated doctor, billing and reimbursement are subject to 28 TAC §134.240, which requires modifier W5 for the determination of MMI and IR.

DWC finds that because the documentation failed to support the charges as billed, no reimbursement can be 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 requestor has not established that 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

_____	_____	June 18, 2025
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 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.