



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Ranil Ninala, M.D.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-25-2340-01

Carrier's Austin Representative

Box Number 45

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	\$0.00	\$0.00
	Examination to Determine Impairment Rating – 99456	\$0.00	\$0.00
	Examination to Determine Extent of Injury – 99456	\$642.00	\$0.00
	Examination to Determine Return to Work – 99456	\$642.00	\$0.00
	Examination to Determine Disability – 99456	\$642.00	\$0.00
Total		\$1,926.00	\$0.00

Requester's Position

"SPECIFIC REASONING/RESPONSE: POST DESIGNATED DOCTOR EXAMS DO NOT REQUIRE MODIFIERS."

Amount in Dispute: \$1,926.00

Respondent's Position

"... the Office reviewed the DWC69 as evidenced in the DWC60 packet and found that the exam

role is marked Doctor, selected by treating doctor acting in place of the treating doctor ... The statute(s) do not include a treating doctor selecting a doctor to act on their behalf in determining the extent of injury, disability, return to work, other similar issues, and/or appropriateness of health care ... While the bill was denied for inappropriate modifiers or missing modifiers, the fact is the requestor is not entitled to reimbursement for those exams and was reimbursed for MMI and Impairment following the Division's payment policies.

"Furthermore, in review of their appeal letter it is stated that this exam is performed under 28 TAC §126.17 ... an exam performed under this rule is to address issues other than MMI and the evaluation of Impairment. In this scenario, the carrier has reimbursed in error for the MMI and Impairment evaluations."

Response Submitted by: State Office of Risk Management

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 procedures for examinations by referral doctors to address issues other than maximum medical improvement and impairment rating.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment.
- 193 – Original payment decision is being maintained. Upon review it was determined that this claim was processed properly.

Issues

1. Is Ranil Ninala, M.D. entitled to additional reimbursement for the services in question?

Findings

1. Dr. Ninala billed procedure code 99456 for the examination to determine the extent of the compensable injury, and if disability was related to the injury. Documentation indicates Dr. Ninala was referred by the treating doctor to perform this examination. Per 28 TAC §126.17,
 - (a) 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;
 - (2) the injured employee is not satisfied with the designated doctor's opinion; and
 - (3) the treating doctor or the referral doctor has not already provided the injured employee with a written report that meets the standard described by subsection (b) of this section on the issue addressed by the designated doctor.

DWC finds that CPT code 99456 is not supported for the services in question when performed by a doctor referred by the treating doctor. No reimbursement is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 11, 2025

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.