



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Ranil Ninala, M.D.

**Respondent Name**

Amerisure Insurance Co.

**MFDR Tracking Number**

M4-25-2587-01

**Carrier's Austin Representative**

Box Number 47

**DWC Date Received**

June 19, 2025

### Summary of Findings

| Dates of Service   | Disputed Services  | Amount in Dispute | Amount Due    |
|--------------------|--|-------------------|---------------|
| September 24, 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        |
| <b>Total</b>       |  | <b>\$1,926.00</b> | <b>\$0.00</b> |

### Requester's Position

"The claim/bill was correctly billed per 134.240 as these examinations are paid at the same fees as Designated Doctor Examinations as outlined by the Labor Code and 134.260 (MMI/IR by a referred doctor).

"The bill/claim has been incorrectly reduced and/or denied and was not reimbursed per DWC Fee Guidelines for Post Designated Doctor Examinations and Alternative Certifications ...

"SPECIFIC REASONING/RESPONSE: 99456 RETURN TO WORK QUESTION RATE IS \$642.00

INCORRECTLY REDUCED TO \$0.00, 99456 EXTENT OF INJURY RATE IS \$642.00 INCORRECTLY REDUCED TO \$0.00, 99456 DISABILITY QUESTION RATE IS \$642.00 INCORRECTLY REDUCED TO \$0.00.”

**Amount in Dispute:** \$1,926.00

## **Respondent's Position**

*“Per Bill Audit Review and state guidelines, THE DIVISION ANTICIPATES TREATING AND REFERRAL DOCTORS WHO CONDUCT ADDITIONAL TESTING AND RECOMMENDATIONS TO BILL USING EXISTING EVALUATION AND MANAGEMENT CODES. DENIAL PER RULE 126.17 GUIDELINES FOR EXAMINATION BY A TREATING DOCTOR OR REFERRAL DOCTOR AFTER A DESIGNATED DOCTOR EXAMINATION TO ADDRESS ISSUES OTHER THAN CERTIFICATION OF MAXIMUM MEDICAL IMPROVEMENT AND THE EVALUATION OF PERMANENT IMPAIRMENT and TEXAS LABOR CODE SEC. 40830041(F-4) The HCP has been reimbursed for MMI/IR at fee MAR.”*

**Response Submitted by:** Amerisure

## **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.
- 96 – Non-covered charge(s).
- C (Billed Service Code) – Service billed has been reviewed for payment eligibility.
- R (Paid Service Code) – Service is the result of a review for payment eligibility.
- Note: “DENIAL PER RULE 126.17 GUIDELINES FOR EXAMINATION BY A TREATING DOCTOR OR REFERRAL DOCTOR AFTER A DESIGNATED DOCTOR EXAMINATION TO ADDRESS ISSUES OTHER THAN CERTIFICATION OF MAXIMUM MEDICAL IMPROVEMENT AND THE EVALUATION OF PERMANENT IMPAIRMENT SEE TEXAS LABOR CODE SEC. 40830041(F-4); PLEASE NOTE THE NEW MAILING ADDRESS ABOVE.”

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. Submitted documentation indicates that 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](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 electronico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).