



# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Ranil Ninala MD

**Respondent Name**

Everest Premier Insurance Co

**MFDR Tracking Number**

M4-26-0781-01

**Insurance Carrier's Austin Representative**

BOX 19 Flahive Ogden & Latson

**DWC Date Received**

November 19, 2025

## Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 27, 2025	99205-25	\$437.65	\$0.00
January 27, 2025	95886	\$188.01	\$188.01
January 27, 202[sic]	95909	\$263.53	\$263.53
<b>Total</b>		<b>\$889.10</b>	<b>\$451.54</b>

## Requester's Position

"Designated doctor required testing does not have to be in network and no response to the reconsideration."

**Amount In Dispute:** \$889.10

## Respondent's Position

"The carrier is reprocessing the provider's medical bill and will be issuing payment consistent with the medical fee guidelines. We would ask that the medical review division allow the parties to informally resolve the medical fee dispute."

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [127.10](#) provides the general procedures for designated doctor examinations.
3. 28 TAC Section [134.203](#) sets out the fee guidelines for professional medical services.

### Adjustment Reasons

- 5917- Pre-authorization was required. But not requested for this service per DWC Rule 134.600.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Is the respondent's position supported?
3. Was pre-authorization required?
4. What rules(s) apply to the disputed service?
5. Has DWC determined whether the requester is entitled to reimbursement?

### Findings

1. The requester seeks reimbursement of E/M code 99205-25 and testing in the amount of \$889.19. The insurance denied medical bill for lack of prior authorization.
2. The respondent submitted a response to MFDR stating, "The carrier is reprocessing the provider's medical bill and will be issuing payment consistent with the medical fee guidelines." Review of the available information found insufficient evidence to support a payment was made for the disputed date of service January 27, 2025. The disputed charges will be reviewed per applicable fee guideline.
3. 28 TAC §127.10(c) states, "Additional testing and referrals. The designated doctor must perform additional testing when necessary to resolve the issue in question. The designated doctor must also refer an injured employee to other health care providers when the referral is necessary to resolve the issue in question, and the designated doctor is not qualified to fully resolve it.

(A) Any additional testing or referrals required for the evaluation are not subject to

preauthorization requirements.

- (B) Payment for additional testing or referrals that the designated doctor has determined are necessary under this subsection must not be denied prospectively or retrospectively, regardless of any potential disagreements about medical necessity, extent of injury, or compensability.
- (C) Any additional testing or referrals required for the evaluation are subject to the requirements of §180.24 of this title (relating to Financial Disclosure).

Review of the submitted medical bill indicates Jame Butler MD made the referral for the disputed services. Per the rule shown above, preauthorization is not required. The insurance carrier's denial is not supported.

- 4. 28 TAC Section 134.203(5) states, Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.

28 TAC Section 134.203(b) states For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a

The evaluation and management code 99205 has the following description 99205 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, **60** minutes must be met or exceeded.

Review of the information presented found the exam met the medically appropriate history and/or examination. However, the requirements of high level of medical decision making was not met. Based on this review no payment is recommended for code 99205-25 for date of service January 27, 2025.

Codes 95886 - Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels and 95909 – Nerve conduction studies; 5-6 studies are reimbursed per the fee guideline.

DWC Rule 28 TAC Section 134.203 states in pertinent part, (c) To determine the Maximum Allowable Reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine

and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83...

- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year..."

The following formula represents the calculation of the DWC MAR at §134.203 (c)(1) & (2).

$(\text{DWC Conversion Factor} \div \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$ . In this instance,

- The 2025 DWC Conversion Factor 70.18
- The 2025 CMS Conversion Factor 32.3465
- CMS Physician Fee Schedule Allowable for zip code 78228 is shown below.
- Code 95886 -  $70.18/32.3465 \times \$87.11$  (Carrier 0441)(Locator 99 Rest of Texas) = \$189.00.
- Code 95909 –  $70.18/32.3465 \times \$124.00 = \$269.03$ .
- The total MAR is \$458.03

5. DWC finds the denial for lack of authorization is not supported. The respondent's position that payment was to be made is not supported. DWC finds the MAR of \$458.03 the requested amount of these services was \$451.54. This amount is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

### **Order**

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Everest Premier Insurance Co must remit to Ranil Ninala MD \$451.54 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 19, 2026

\_\_\_\_\_  
Date

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).