

IN THE MATTER OF
THE LICENSE OF
RAVIKUMAR KANNEGANTI, M.D.

BEFORE THE
TEXAS MEDICAL BOARD

ORDER DENYING TERMINATION

On the 7th day of November, 2014, came on to be heard before the Texas Medical Board (the Board), duly in session, the matter of the license of Ravikumar Kanneganti, M.D. (Probationer).

On August 22, 2014, Probationer appeared in person, with counsel Allison Gabbert, before representatives of the Board to petition the Board for termination of an Agreed Order entered on February 28, 2013 (2013 Order), a copy of which is incorporated herein and attached hereto. The Board's representatives were John Robert Guerra, D.O., and Frank Denton, members of the Board. Margie Johnson represented Board Staff.

Upon the recommendation of the Board's representatives, the Board makes the following Findings and Conclusions of Law and enters this Order.

FINDINGS

The Board finds that:

A. Prior Disciplinary History:

On February 28, 2013, the Board entered an Agreed Order requiring Probationer: to have his practice monitored by another physician for 12 chart monitoring cycles; to complete 38 hours of continuing medical education (CME) within one year, including 30 hours in psychopharmacology and eight hours in treating chronic pain; and to pay an administrative penalty of \$6,000 within 60 days.

B. Status of Compliance with the 2013 Order as of August 22, 2014:

1. Probationer has served approximately 18 months of the 2013 Order.
2. Probationer is in compliance with all terms and conditions of the 2013 Order.

C. Probationer's Request:

Probationer requested termination of the 2013 Order based on the above mentioned compliance. Additionally, Probationer explained that he was likely to lose an insurance contract under which he provides medical services for indigent and foster children if he remained under the Board's Order.

D. Panel Recommendation:

Based on the above Findings and information available to the Panel at the hearing on August 22, 2014, the Board's representatives recommended denial of the Probationer's request to terminate the 2013 Order.

E. Basis for Recommendation

The 12 cycles of chart monitoring were added to the 2013 Order upon the full Board's vote at the February 2013 meeting, and Probationer has completed fewer than half of the cycles. The Panel also noted that although the chart monitoring reports indicated that Probationer was making good progress, some issues with Probationer's documentation continued to occur.

CONCLUSIONS OF LAW

Based on the above Findings, the Board concludes that:

1. The Board has jurisdiction over this matter and Probationer pursuant to the Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (the Act).
2. 22 TEX. ADMIN. CODE §187.43 authorizes the Board to consider petitions for termination of Agreed Orders and Disciplinary Orders.

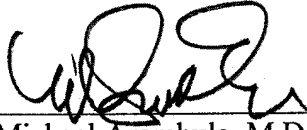
ORDER

Based on the available information, the above Findings and Conclusions of Law, and the recommendation of the Board's representatives, the Board ORDERS that Probationer's petition for termination is hereby DENIED.

THIS IS A PUBLIC RECORD.

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this

7th day of November, 2014.



Michael Arambula, M.D., Pharm.D., President
Texas Medical Board

LICENSE NO. H-6867

IN THE MATTER OF
THE LICENSE OF
RAVIKUMAR KANNEGANTI, M.D.

BEFORE THE
TEXAS MEDICAL BOARD

AGREED ORDER

On the 8th day of February, 2013, came on to be heard before the Texas Medical Board (the "Board"), duly in session, the matter of the license of Ravikumar Kanneganti, M.D. ("Respondent").

On July 30, 2012, Respondent appeared in person, with counsel, Allison H. Gabbert, at an Informal Show Compliance Proceeding and Settlement Conference in response to a letter of invitation from the staff of the Board. The Board's representatives were Michael Arambula, M.D, a member of the Board, and Sharon J. Barnes, a member of a District Review Committee ("Panel"). John Heisler represented Board staff. Patrick Brian Coats prepared this Agreed Order.

BOARD CHARGES

Board staff charged that Respondent failed to undertake face to face evaluations of patients or have documentation to support medical decisions to prescribe medications to patients. The Board staff also alleged that Respondent prescribed controlled substances in a non-therapeutic manner to patients, prescribed addictive medications to a known abuser, and submitted excessive and/or fraudulent claims to Medicare, Medicaid, and private insurers without proper documentation to justify the Current Procedural Terminology (CPT) codes billed to those entities.

BOARD HISTORY

On June 27, 2008, the Board and Respondent entered into a two-year Agreed Order that required Respondent to obtain Continuing Medical Education in chemical dependency and psychopharmacology, and to pay an administrative penalty of \$500. The order was based on

Respondent's failure to exercise diligence in ensuring that a patient followed his instruction on the use of dangerous drugs he had prescribed, and his failure to stop prescribing the medications after he knew or should have known the patient was abusing the drugs.

Upon the recommendation of the Board's representatives and with the consent of Respondent, the Board makes the following Findings and Conclusions of Law and enters this Agreed Order.

FINDINGS

The Board finds the following:

1. General Findings:

- a. Respondent received all notice required by law. All jurisdictional requirements have been satisfied. Respondent waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (the "Act") or the Rules of the Board.
- b. Respondent currently holds Texas Medical License No. H-6867. Respondent was originally issued this license to practice medicine in Texas on December 6, 1989. Respondent is not licensed to practice in any other state.
- c. Respondent is primarily engaged in the practice of child and adolescent psychiatry. Respondent is not board certified.
- d. Respondent is 60 years of age.

2. Specific Panel Findings:

- a. Respondent failed to perform adequate comprehensive medical-psychiatric evaluations of patients and failed to adequately screen and assess patients for chemical dependency. Respondent prescribed inappropriate combinations of medications to patients and continued to prescribe narcotic medications to patients despite noncompliance. Respondent has no specialized training in pain medicine but assumed the role of a pain specialist.
- b. Respondent's documentation for the treatment of patients was difficult to decipher and lacked sufficient information to clearly understand his rationale for treatment.

c. There was no evidence that Respondent submitted excessive and/or fraudulent bills to Medicare, Medicaid, or private insurers.

3. Mitigating Factors:

a. Respondent's medical record keeping has improved over the last several years and he has implemented electronic medical records for his practice.

b. Respondent has cooperated in the investigation of the allegations related to this Agreed Order. Respondent's cooperation, through consent to this Agreed Order, pursuant to the provisions of Section 164.002 the Act, will save money and resources for the State of Texas. To avoid further investigation, hearings, and the expense and inconvenience of litigation, Respondent agrees to the entry of this Agreed Order and to comply with its terms and conditions.

4. Aggravating Factor: Respondent has had previous Board sanctions to address his failures with regard to prescribing medications and their interactions but does not appear to have retained much of that education.

CONCLUSIONS OF LAW

Based on the above Findings, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.

2. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule, specifically Board Rules 165.1, which requires the maintenance of adequate medical records and 170, regarding the treatment of pain.

3. Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rules 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care and 190.8(1)(C), failure to use proper diligence in one's professional practice.

4. Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is administered or prescribed.

5. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule.

6. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.

ORDER

Based on the above Findings and Conclusions of Law, the Board ORDERS that Respondent shall be subject to the following terms and conditions:

1. Respondent shall be subject to the following terms and conditions for 12 consecutive monitoring cycles, (defined below). Respondent's practice shall be monitored by a physician, ("monitor"), in accordance with §164.001(b)(7) of the Act. The Compliance Division of the Board shall designate the monitor and may change the monitor at any time for any reason. The monitor shall have expertise in a similar specialty area as Respondent. The Compliance Division shall provide a copy of this Order to the monitor, together with other information necessary to assist the monitor.

a. As requested by the Compliance Division, Respondent shall prepare and provide complete legible copies of selected patient medical and billing records ("selected records"). The Compliance Division shall select records for at least 30 patients seen by Respondent during each three-month period following the last day of the month of entry of this Order ("reporting period"). The Compliance Division may select records for more than 30 patients, up to 10 percent of the patients seen during a reporting period. If Respondent fails to see at least 30 patients during any three-month period, the term of this Order shall be extended until Respondent can submit a sufficient number of records for a monitor to review.

b. The monitor shall perform the following duties:

i. personally review the selected records;

- ii. prepare written reports documenting any perceived deficiencies and any recommendations to improve Respondent's practice of medicine or assist in the ongoing monitoring process. Reports shall be submitted as requested by the Compliance Division; and
 - iii. perform any other duty that the Compliance Division determines will assist the effective monitoring of Respondent's practice.
- c. The Compliance Division shall provide to Respondent a copy of the monitor's report describing any deficiencies or recommendations submitted by the monitor. Respondent shall implement the recommendations as directed by the Compliance Division.
 - d. A "monitoring cycle" begins when the Compliance Division selects patient records for review, and concludes when Respondent receives the monitor's report for that group of records.
 - e. The monitor shall be the agent of the Board, but shall be compensated by the Respondent through the Board. Such compensation and any costs incurred by the monitor shall be paid by Respondent to the Board and remitted by the Board to the monitor. Respondent shall not charge the compensation and costs paid to the monitor to any patients.

2. Within one year from the date of the entry of this Order, Respondent shall enroll in and successfully complete at least 38 hours of continuing medical education (CME) approved for Category I credits by the American Medical Association divided as follows: a minimum of 30 hours in the topic of psychopharmacology and a minimum of eight hours in the topic of treating chronic pain. The 38 hours of CME as divided above shall be approved in writing in advance by the Executive Director or their designee. To obtain approval for the course, Respondent shall submit in writing to the Compliance Division of the Board information on the course, to include at least a reasonably detailed description of the course content and faculty, as well as the course location and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course. The CME requirements set forth in this paragraph shall be in addition to all other CME required for licensure maintenance.

3. Respondent shall pay an administrative penalty in the amount of \$6,000.00 within 60 days of the date of the entry of this Order. The administrative penalty shall be paid in a single payment by cashier's check or money order payable to the Texas Medical Board and shall be submitted to the Board for routing so as to be remitted to the Comptroller of Texas for deposit in the general revenue fund. Respondent's failure to pay the administrative penalty as ordered shall constitute grounds for further disciplinary action by the Board, and may result in a referral by the Executive Director of the Board for collection by the Office of the Attorney General.

4. The time period of this Order shall be extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) Respondent's license is subsequently cancelled for nonpayment of licensure fees; (c) this Order is stayed or enjoined by Court Order; or (d) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine. If Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days, Respondent shall immediately notify the Board in writing. Upon Respondent's return to active practice or return to practice in Texas, Respondent shall notify the Board in writing. When the period of extension ends, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling.

5. Respondent shall comply with all the provisions of the Act and other statutes regulating the Respondent's practice.

6. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

7. Respondent shall inform the Board in writing of any change of Respondent's office or mailing address within 10 days of the address change. This information shall be submitted to the Registration Department and the Compliance Department of the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 days notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this

Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent waives the 30-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days notice, as provided in 22 Texas Administrative Code §187.44(4).

8. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

9. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

10. The above-referenced conditions shall continue in full force and effect without opportunity for amendment, except for clear error in drafting, for one year following the date of the entry of this Order. If, after the passage of the one-year period, Respondent wishes to seek amendment or termination of these conditions, Respondent may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter.

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

[SIGNATURE PAGE(S) FOLLOW]

I, RAVIKUMAR KANNEGANTI, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: _____, 2013.



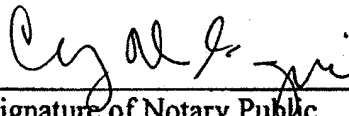
Ravikumar Kanneganti, M.D.
Respondent

STATE OF Texas

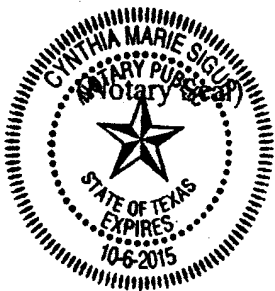
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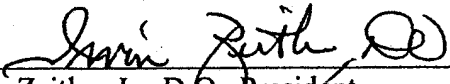
SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public, on this 20 day of February, 2013.



Signature of Notary Public



SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this
28th day of February, 2013.



Irvin E. Zeitler, Jr., D.O., President
Texas Medical Board