

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ranil Ninala, M.D.

**Respondent Name**

Service Lloyds Insurance Company

**MFDR Tracking Number**

M4-21-2017-01

**Carrier's Austin Representative**

Box Number 01

**DWC Date Received**

July 12, 2021

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 6, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating (99456-WP)	\$500.00	\$500.00
August 6, 2020	Specialist Report (99456-SP)	\$50.00	\$50.00
Total		\$550.00	\$550.00

### Requestor's Position

"CERTIFYING DOCTOR EXAMINATION NO PAYMENT RECEIVED"

**Amount in Dispute:** \$550.00

### Respondent's Position

"The previous send back letters under bills SLTX-161523 and SLTX-171067 requesting the provider resubmit with Diagnosis (DX) code as the bills have been received incomplete per TAC Rule 133.10 (M) diagnosis or nature of injury (CMS-1500/field 21) is required, at least one diagnosis code and the applicable ICD indicator must be present."

**Response Submitted by:** Mitchell International, Inc.

## Findings and Decision

### Authority

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

### Statutes and Rules

1. 28 Texas Administrative Code §133.10 sets out the procedures for submitting medical bills.
2. 28 TAC §133.200 sets out the procedures for the evaluation of medical bills.
3. 28 TAC §133.240 sets out the procedures for payment or denial of medical bills.
4. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
5. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical examination and impairment rating.

### Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

### Issues

1. Did Service Lloyds Insurance Company take final action on the bill for the disputed service before medical fee dispute resolution was requested?
2. Did Service Lloyds Insurance Company raise a new defense in its response?
3. Is Ranil Ninala, M.D. entitled to additional reimbursement?

### Findings

1. Dr. Ninala is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating.

Dr. Ninala argued that no payment or an explanation of denial for medical bills were received for the examination in question.

28 TAC §133.240 (a) requires the insurance carrier to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

The greater weight of evidence presented to the DWC supports that a complete bill for the services in question was received by the insurance carrier or its agent. No evidence was provided to support that the insurance carrier took final action on the bill for the service in question.

2. In its position statement, Mitchell International, Inc., on behalf of the insurance carrier, argued that "the bills have been received incomplete"

The response from the insurance carrier is required to address only the denial reasons presented to the health care provider before to the request for medical fee dispute resolution (MFDR) was filed with the DWC. Per 28 TAC §133.307 (d)(2)(F) any new denial reasons or defenses raised shall not be considered in this review.

The submitted documentation does not support that a denial based on incomplete medical billing was provided to Memorial before this request for MFDR was filed. The insurance carrier also failed to provide any evidence of an attempt to get information that was missing from the bills.

Therefore, the DWC will not consider this argument in the current dispute review.

3. Because the insurance carrier failed to provide any reason for failing to reimburse the medical bills in question before the request for medical fee dispute resolution, Dr. Ninala is entitled to reimbursement.

The submitted documentation supports that Dr. Ninala performed an evaluation of maximum medical improvement. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement (MAR) for this examination is \$350.00.

Review of the submitted documentation finds that Dr. Ninala performed an impairment rating evaluation of a head injury with subdural hematoma. The rule at 28 TAC §134.250 (4)(C) defines the fees for the calculation of an impairment rating. The MAR for the assignment of impairment rating for a non-musculoskeletal body area is \$150.00.

Dr. Ninala referred the injured employee to a specialist to provide a report to aid in determining the impairment rating. The use of this report is noted in the narrative. Per 28 TAC §134.250 (4)(D)(iii), the correct MAR for this service is \$50.00.

The total allowable reimbursement for the services in question is \$550.00. This amount is 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 requester has established that additional reimbursement of \$550.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement for the disputed services. It is ordered that Service Lloyds Insurance Company must remit to Ranil Ninala, M.D. \$550.00 plus applicable accrued interest within 30

days of receiving this order in accordance with 28 TAC §134.130.

## Authorized Signature

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
October 11, 2021

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 3 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 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).