

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ranil Ninala, M.D.

Respondent Name

Old Glory Insurance Co.

MFDR Tracking Number

M4-21-2064-01

Carrier's Austin Representative

Box Number 17

DWC Date Received

July 12, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 22, 2021	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$150.00	\$0.00

Requestor's Position

"THE HIP IS RATED AS A PART OF THE LOWER EXTREMITY."

Amount in Dispute: \$150.00

Respondent's Position

"The provider has billed for 3 body areas, but only 2 were documented for an Impairment Rating. Based on our records, an Impairment Rating was rendered for the Cervical Spine, Lumbar Spine and Pelvis which is considered 1 body area. There was also an Impairment Rating for the Right Third Digit which is considered another body area ... There is documentation that ROM was performed on the lower extremity as well, but no Impairment Rating was documented for this body area."

Response Submitted by: Claims Administrative Services, 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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.250 sets out the fee guidelines for maximum medical improvement and impairment rating.

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.
- 790 – This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- 375 – Please see special *NOTE* below.
- Notes – "OUR RECORDS INDICATE ONLY 2 BODY AREAS WERE DOCUMENTED ON THE DWC-69 FORM, THE SPINE AND UPPER EXTREMITY. PLEASE REFILE A CORRECTED DWC-69 TO INCLUDE A 3RD BODY AREA OR DOCUMENT WHAT THE EXTRA \$150.00 IS BEING BILLED FOR."

Issues

1. Is Ranil Ninala, M.D. entitled to additional reimbursement?

Findings

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

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.

According to the submitted narrative report, Dr. Ninala provided impairment rating evaluations of the cervical and lumbar spine, pelvis, and right third digit with range of motion testing. According to 28 TAC §134.250 (4)(C)(i), the spine and pelvis are considered one body area. The right third digit is part of the upper extremity, which is considered a second body area. No impairment rating of other body areas was documented in the report.

The rule at 28 TAC §134.250 (4)(C) provides the fees for the calculation of an impairment rating. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00. The MAR for the evaluation of subsequent musculoskeletal body

areas is \$150.00 each. The total MAR for the determination of impairment rating is \$450.00.

The total allowable reimbursement for the examination in question is \$800.00. This is the amount that Old Glory Insurance Company paid. Dr. Ninala is not entitled to additional reimbursement for the examination in question.

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 not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

_____	_____	September 21, 2021
Signature	Medical Fee Dispute Resolution Officer	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 3 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 3 o correo electrónico CompConnection@tdi.texas.gov.