



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Ranil Ninala, M.D.

Respondent Name

Indemnity Insurance Co. of North America

MFDR Tracking Number

M4-21-2269-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

August 11, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 9, 2020	Examination to Determine Maximum Medical Improvement and Impairment Rating	\$500.00	\$350.00

Requestor's Position

"POST DESIGNATED DOCTOR EXAMINATION NO PAYMENT RECEIVED ... THE DELAY IN CLAIM SUBMISSION WAS DUE TO COVID"

Amount in Dispute: \$500.00

Respondent's Position

The Austin carrier representative for Indemnity Insurance Co. of North America is Downs & Stanford. The representative was notified of this medical fee dispute on August 17, 2021.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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 §133.20 sets out the procedures for submission of a medical bill.
2. 28 TAC §133.240 sets out the procedures for payment or denial of a medical bill.
3. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.
4. 28 TAC §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
5. Texas Labor Code §408.0272 sets out exceptions to the medical bill filing deadline.

Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 29 – The time limit for filing has expired.
- 309 – The charge for this procedure exceeds the fee schedule allowance
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Is Indemnity Insurance Co. of North America's denial based on timely filing supported?
2. Is Rinal 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 performed on December 9, 2020. Indemnity Insurance Co. of North America denied payment stating, "the time limit for filing has expired."

Per 28 TAC §133.20 (b), a health care provider is required to submit a medical bill to the insurance carrier or its agent within 95 days from the date of service. Exceptions to this deadline are provided in TLC §408.0272 and include:

- a. The medical bill was filed in error to

- i. The injured employee's group accident and health insurance;
 - ii. The injured employee's health maintenance organization; or
 - iii. The wrong workers' compensation insurance carrier; or
- b. The commissioner finds that a catastrophic event substantially interfered with the normal business operations of the provider.

On March 25, 2020, Commissioner Brown issued Bulletin # B-0010-20, effective March 13, 2020, which tolled the 95-day deadline. This pause was lifted on January 29, 2021 by Bulletin # B-0004-21, effective March 1, 2021.

The evidence supports that Dr. Ninala submitted the bill within 95 days of the end of the Commissioner's declaration. DWC finds that Indemnity Insurance Co. of North America's denial for this reason is not supported.

2. 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 stated that "the examinee has no qualifying permanent impairment." Therefore, no reimbursement can be recommended for this service.

The total allowable reimbursement for the examination in question is \$350.00. 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 \$350.00 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 Indemnity Insurance Co. of North America must remit to Rinal Ninala, M.D. \$350.00 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 22, 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. 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.