

## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Ranil Ninala, M.D.

**Respondent Name**

Bitco General Insurance Corp.

**MFDR Tracking Number**

M4-23-1868-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

March 31, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 1, 2022	Examination to Determine Maximum Medical Improvement and Impairment Rating 99456-WP	\$650.00	\$650.00

### Requestor's Position

CERTIFYING DOCTOR EXAMINATION NO PAYMENT RECEIVED

**Amount in Dispute:** \$650.00

### Respondent's Position

The claimant is in the CORVEL Texas CoreCare Network, which is a certified health care network. The provider is not in that network. The claimant lives in a service area covered by the network.

**Response Submitted by:** Flahive, Ogden & Latson

### Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable

rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment ratings.
4. [Texas Insurance Code \(TIC\), Chapter 1305](#) sets out the requirements for certified health care networks.

### Denial Reasons

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

- 242 – Services not provided by network/primary care prov.
- NNP – Out-of-network approval not requested prior to rendering services.
- Notes: "Per the Labor Code: 401.011(19) 'Health care' includes all reasonable and necessary medical aid. MEDICAL EXAMS, medical treatments, medical diagnoses, MEDICAL EVALUATIONS, and medical svcs. This is a medical evaluation. Claim is covered by TX CorCare HCN"
- 29 – Time Limit for Filing Claim/Bill has Expired
- Notes: "Effective 9/1/05, providers have 95 days to submit bills to the insurance carrier for reimbursement. Your bill exceeds this limit. Reimbursement is denied in accordance with Section 408.027 of the Act."

### Issues

1. Is Bitco General Insurance Corp.'s denial based on network status supported?
2. Is Bitco General Insurance Corp.'s denial based on timely filing supported?
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. The insurance carrier denied payment, in part, stating that the services were not provided by network or primary care provider.

Per 28 TAC §§133.305 and 133.307, medical fee dispute resolution by DWC is limited to non-network and certain out-of-network health care. DWC finds that the insurance carrier failed to provide documentation to support that the claim in question was part of a certified health care network as outlined in the applicable portions of TIC, Chapter 1305.

DWC finds that the insurance carrier's denial of payment is not supported.

2. The insurance carrier also denied payment based on timely filing. According to 28 TAC §133.20(b), a health care provider must submit a medical bill within 95 days from the date of service with few exceptions.

The greater weight of evidence provided to DWC supports that Dr. Ninala submitted the bill for the examination in question to the insurance carrier on or about May 2, 2022. This is less than 95 days from the date of service.

DWC finds that the denial of payment for this reason is not supported.

3. Because the insurance carrier failed to support its denial of payment for the services in question, 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 the lower extremity with range of motion testing. The rule at 28 TAC §134.250(4)(C)(ii) defines the fees for the calculation of an impairment rating for musculoskeletal body areas. The MAR for the evaluation of the first musculoskeletal body area performed with range of motion is \$300.00.

The total allowed amount for the disputed service is \$650.00. 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 \$650.00 is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Bitco General Insurance Corp. must remit to Ranil Ninala, M.D. \$650.00 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

\_\_\_\_\_  
June 7, 2023

\_\_\_\_\_  
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 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 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 tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).