Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name
Ranil Ninala, M.D.

MFDR Tracking Number
M4-23-3155-01

DWC Date Received
August 14, 2023

Respondent Name
Hartford Insurance Co. of Illinois

Carrier's Austin Representative
Box Number 47

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 20, 2023	Examination to Determine Maximum Medical Improvement and Impairment Rating – 99456-WP	$650.00	$500.00

Requestor's Position

"CERTIFIYING DOCTOR EXAMINATION NO PAYMENT RECEIVED … REFERRAL FOR THIS SERVICE: NO NETWORK REQUIREMENT AND NO PREAUTHORIZATION … **DWC Rule 130.1** which has been attached for your review indicates the treating doctor may refer the injured employee for evaluation of MMI and/or permanent whole body impairment to a doctor in place of the treating doctor and that there is no requirement for the treating doctor to refer the examinee to a doctor that is in the same treatment network as the treating doctor but only that the referral doctor performing the certifying examination be an authorized doctor that is certified."

Amount in Dispute: $650.00

Respondent's Position

"Although the injured worker referenced above is an in-network employee the Requestor, Ranil Ninal/Genesis, is not a contracted group. To date, CorVel has no record of an out-of-network request from the network Treating Doctor and/or Dr. Ninala/Genesis for approval by the CorVel

Texas CorCare Network for out-of-network health care <u>prior</u> to services being rendered, by the Requestor."

Response Submitted by: CorVel

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) §133.307 sets out the procedures for resolving medical fee disputes.

2. Texas Insurance Code (TIC) Chapter 1305 governs workers' compensation 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 EVALUATIONS, and medical svcs. This is a medical evaluation. Claim is covered by TX CorCare HCN"
- Notes: "Per Sec 1305.006(3) a carrier is liable for out-of-network healthcare only if the non-network HCP was referred from the IE's treating doctor and that referral has been APPROVED by the network pursuant to Sec 1305.103. No OON approval submitted."

Issues

1. Is the insurance carrier's denial based on network status supported?

2. Is Ranil Ninala, M.D. entitled to reimbursement for the disputed services?

Findings

1. Dr. Ninala is seeking reimbursement for an examination to determine maximimum medical improvement and impairment rating. Hartford Insurance Co. of Illinois denied the examination based on network status.

   The DWC found no evidence to support that the injured employee was enrolled in a certified health care network. The insurance carrier's denial for this reason is not supported.

2. Because the insurance carrier failed to support its denial, the DWC finds that Dr. Ninala is entitled to reimbursement.

   The submitted documentation supports that Dr. Ninala performed an evaluation of maximum medical improvement (MMI). 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 evaluations of the lumbar spine. The DWC found no evidence that range of motion testing was performed in accordance with 28 TAC §134.250(4)(C)(ii). The impairment rating was determined using the diagnosis related estimates method. Therefore, reimbursement for this evaluation is $150.00.

   The DWC finds that the total allowable reimbursement for the services in question is $500.00. 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 requestor has established that reimbursement of $500.00 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 Hartford Insurance Co. of Illinois must remit to Ranil Ninala, M.D. $500.00 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	November 15, 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. 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.

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 electronico CompConnection@tdi.texas.gov.