



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Ranil Ninala, M.D.

**Respondent Name**

Indemnity Insurance Co of North America

**MFDR Tracking Number**

M4-25-3206-01

**Carrier's Austin Representative**

Box Number 15

**DWC Date Received**

August 6, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 14, 2025	Examination to Determine Maximum Medical Improvement – 99456	\$385.00	\$0.00
	Examination to Determine Impairment Rating – 99456	\$769.00	\$0.00
<b>Total</b>		<b>\$1,154.00</b>	<b>\$0.00</b>

### Requester's Position

"The bill/claim has been incorrectly reduced and/or denied ... **DOCTOR LICENSE NUMBER IS ON THE BILL**"

**Amount in Dispute:** \$1,154.00

### Respondent's Position

"The provider's original submission was received by ESIS on behalf of Indemnity Insurance Company of North America, on 04/29/2025, . [sic] The bill was denied as it was missing the referring provider license number. The provider submitted the bill to ESIS five additional times ... Even with the submission with the DWC60 of 08/08/2025 the license number is still missing and the timely filing limit has passed."

**Response Submitted by:** ESIS

## 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 \(TAC\) §133.10](#) sets out the procedures for completing a medical bill.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.

### Denial Reasons

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

- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
- SR101 – Bill is denied; invalid/missing healthcare provider license number. Please re-submit with appropriate license number for review.
- SR107 – Bill is denied; invalid/missing referring provider license number. Please re-submit with appropriate license number for review.

### Issues

1. Is Ranil Ninala, M.D. entitled to reimbursement for the examination in question?

### Findings

1. Dr. Ninala is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating by a doctor referred by the treating doctor. The insurance carrier denied payment stating, in part, "Bill is denied; invalid/missing referring provider license number."

Per 28 TAC §133.10(f)(1)(K) states, in relevant part, "referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17 ..."

Submitted documentation has a referring provider listed in CMS-1500/field 17. No state license number was found in CMS-1500/field 17a.

DWC finds that the insurance carrier's denial is supported. Therefore, Dr. Ninala is not entitled to reimbursement for the services in question.

## Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requester 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 reimbursement is due.

## **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requester is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

\_\_\_\_\_  
Signature

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

September 26, 2025  
\_\_\_\_\_  
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).