



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requester Name**

Ranil Ninala MD

**Respondent Name**

Hartford Fire Ins Co

**MFDR Tracking Number**

M4-26-0065-01

**Insurance Carrier's Austin Representative**

BOX 47 Burns Anderson Jury Brenner & Donovan

**DWC Date Received**

September 8, 2025

### Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 13, 2025	99205-25	\$437.65	\$0.00
January 13, 2025	95886	\$188.01	\$0.00
January 13, 2025	95911	\$415.47	\$0.00
<b>Total</b>		<b>\$1041.13</b>	<b>\$0.00</b>

### Requester's Position

"The carrier has not responded to a Request for Reconsideration after multiple attempts to contact them."

**Amount In Dispute:** \$1,041.13

### Respondent's Position

"The original bill for dos 1/13/25 was never received by The Hartford."

**Response Submitted By:** The Hartford

## Findings and Decision

### Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [133.20](#) sets out the requirements for medical bill submission.

### Adjustment Reasons

Neither party submitted an explanation of benefits for the disputed services.

### Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely submission to the correct workers compensation carrier?

### Findings

1. The requester is seeking reimbursement of professional medical services rendered on January 13, 2025 in the amount of \$1,041.13.
2. DWC reviewed the information submitted with this request for MFDR and found insufficient evidence to support the disputed medical bill was submitted to the correct workers' compensation carrier as indicated on page 5 of 6 on the Commissioners order. Therefore, no payment is recommended.

### Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented 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 Sections [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

February 19, 2026

\_\_\_\_\_  
Date

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).