



Medical Fee Dispute Resolution Findings and Decision General Information

Requester Name

Ranil Ninala, MD

Respondent Name

Indemnity Insurance Company of North America

MFDR Tracking Number

M4-26-0133-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

September 11, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
November 22, 2024	99456	\$449.00	\$0.00
November 22, 2024	99456	\$384.00	\$0.00
Total		\$833.00	\$0.00

Requester's Position

"Please see attached copy of the original claim/bill Md required medical documentation for this Certifying Doctor Examination as it was originally submitted. This includes a copy of the original bill showing the same billing codes, modifiers, dates of service and dollar amounts. We have also attached proof of original receipt of the bill/claim by the carrier and/or the carrier's bill review company which shows timely filing."

Amount in Dispute: \$833.00

Respondent's Position

"CorVel maintains the Requestor, Ranil Ninala (HCP) is not entitled to reimbursement for date of service 11/22/2024 in the amount of \$833 based on failure to obtain out-of-network approval from the Texas CorCare Network prior to services being rendered in accordance with TIC Sec. 1305.103(e)."

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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [The Texas Insurance Code \(TIC\) Chapter 1305](#) sets out the general provisions for workers' compensation health care networks.
4. [28 TAC §§10.120 through 10.122](#) sets out the workers compensation health care networks complaints guidelines.
5. [28 TAC §141.1](#) sets out the guidelines for dispute resolution—benefit review conference.

Denial Reasons

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

- Bill Comment: 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 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.
Referring provider - Stacey Thomas, MD/Concentra is in Texas HCN. Per HCN contract, referral was required to HCN provider or OON approval obtained.
- 242 – Services not provided by network/primary care provider.
- NNP – Out-of-network approval not requested prior to rendering services.

Issues

1. Were the disputed services provided by the requester out-of-network healthcare?
2. Is the insurance carrier liable for the out-of-network healthcare in this case?

Findings

1. The requester, Ranil Ninala, MD, submitted medical fee dispute M4-26-0133-01 to the Division of Workers' Compensation (DWC) for resolution under 28 TAC §133.307. The dispute involves the non-payment of a "Certifying Doctor Examination" rendered on November 22, 2024.

Based on the documentation submitted and information available to DWC, the injured employee's claim is subject to the Texas CorCare Network. At the time the services were rendered, the requester was not a participating provider in this certified network. Therefore, the services were provided on an out-of-network basis.

The requester contends that "Certifying Doctor Examinations are not subject to... contractual reductions... DWC rule does not permit discounts to the established reimbursement amounts per Rule 134.260. the rule does not require a referring doctor to be in-network with the worker compensation carrier associated with the claim" and asserts that this entitles them to reimbursement under the Texas Labor Code (TLC) and applicable DWC rules. The DWC has jurisdiction to review and resolve medical fee disputes of this nature.

2. The requester seeks reimbursement pursuant to the Texas Labor Code (TLC) and applicable regulations, including 28 TAC §133.307. Liability for out-of-network care is governed by the Texas Insurance Code (TIC) §1305.006, which specifies the limited circumstances under which an insurance carrier is responsible for such care.

TIC §1305.006 identifies three scenarios that may impose liability on an insurance carrier for out-of-network services:

1. Emergency care.
2. Care provided to an employee residing outside any network service area; and
3. Care delivered by an out-of-network provider following a network-approved referral under §1305.103.

Upon review, the Division found no supporting documentation substantiating that the services qualified as emergency care under subsection (1).

The requester's statement failed to adequately demonstrate that the care met the statutory definition of "emergency care" as set forth in TIC §1305.004(13). Moreover, the supporting documentation was insufficient to substantiate a claim under this provision.

Regarding subsection (2), the Division found no evidence that the injured employee resided outside the network's service area. Consequently, the requirements to establish liability under this subsection were not satisfied.

With respect to subsection (3), the Division noted no document confirming a network-approved referral was submitted. Thus, the criteria for liability under this subsection was not met.

Conclusion

After careful consideration of the submitted documentation, the Division concludes that the requester has not met the burden of proof to establish that the disputed services qualify under any of the circumstances outlined in TIC §1305.006. Specifically:

- No evidence was provided to support a claim of emergency care.
- No documentation demonstrated that the injured employee resided outside the network's service area; and
- No network-approved out-of-network referral was presented.

Accordingly, the requester has not shown that the insurance carrier is liable for payment of the out-of-network services. Therefore, the requester is not entitled to reimbursement for the services in dispute.

Order

Based on the submitted information, pursuant to Texas Labor Code 413.031, the DWC hereby determines that the requester is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	October 8, 2025
Signature	Medical Fee Dispute Resolution Officer	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 512-804-4812.