



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Ranil Ninala, M.D.

Respondent Name

Manufacturers Alliance Insurance

MFDR Tracking Number

M4-26-0507-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 14, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 14, 2024	Examination to Determine MMI 99456	\$449.00	\$0.00
October 14, 2024	Examination to Determine IR 99456	\$449.00	\$0.00
Total		\$834.00	\$0.00

Requester's Position

"RECONSIDERATION WITH PROOF OF TIMELY FILING AND NO RESPONSE TO RECONSIDERATION"

Amount In Dispute: \$834.00

Respondent's Position

"The carrier denied the provider's medical bill on the basis that the medical bill was not timely submitted to the carrier ... According to the provider's proof of first submission, which was taken directly from the DWC 60 filed by the provider, the medical bill was not submitted to the carrier nor to a TPA until February 21, 2025. Thus, the bill was submitted to the carrier 130 days following the date of service. Yet, the provider was required to submit the medical bill to the carrier no later than 95 days following the date of service."

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.
3. Labor Code Section [408.027](#) sets out workers' compensation guidelines for payment of a health care provider.
4. Labor Code Section [408.0272](#) sets out workers' compensation guidelines for timely billing and exceptions.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 29 – The time limit for filing has expired.
2. P5 – Based on payer reasonable and customary fees. No maximum allowable defined by legislated fee arrangement.
3. 237 – The recommended allowance is based on usual, customary and reasonable rates for this geographical area.
4. 4271 – Per TX Labor Cde Sec. 408.027, providers must submit bills to payors within 95 days of the date of service.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the requester support timely medical bill submission?

Findings

1. The requester is seeking reimbursement for an examination to determine maximum medical improvement and impairment rating as referred by the treating doctor performed on October 14, 2024. The requester argued that no explanations of benefits were received for the billed services.

In its response, the insurance carrier maintained its denial, stating the denial was based on a

failure to timely file the medical bill.

These are the services considered in this dispute.

2. With few exceptions, TLC §408.027(a) and 28 TAC §133.20(b) require submission of medical bills not later than 95 days from the date of service. TLC §408.0272(b) provided the exceptions to this requirement, which include:
 - (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
 - (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272(d) also states that the period for submitting a claim for payment may be extended by agreement of the parties.

The earliest evidence of submission of the medical bill was dated February 21, 2025. This is more than 95 days from the date of service. No evidence was received to support that one of the allowed exceptions applied to the bill in question, or that an agreement had been reached with the insurance carrier to extend the time limit for filing.

DWC concludes that the requester failed to support timely submission of a medical bill for the services in question. Therefore, no reimbursement 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 4, 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. 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.

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.