



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
ALLIED MEDICAL CENTER

Respondent Name
FEDERAL INSURANCE COMPANY

MFDR Tracking Number
M4-11-0168-01

Carrier's Austin Representative
Box Number 17

MFDR Date Received
September 3, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The request for reconsideration and this MDR are being filed in order to comply with the requirements of RULE §133.250(B) and RULE §133.305."

Amount in Dispute: \$521.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The claim mentioned above is truly a California jurisdiction claim based on the claimant living, working, injury occurring and receiving medical care in California on the date of injury 9/3/2009."

Response Submitted by: Chubb & Son a division of Federal Insurance Co., 2001 Bryan St., Ste. 3400, Dallas, Texas 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 13, 2009	Outpatient Services	\$521.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Issues

- Does the Division have jurisdiction to review this dispute?

Findings

1. Per 28 Texas Administrative Code §133.307(a)(3), "In resolving non-network disputes regarding the amount of payment due for health care determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the Division of Workers' Compensation (Division) is to adjudicate the payment, given the relevant statutory provisions and Division rules." Medical Fee Dispute Resolution (MFDR) does not have the ability to resolve this dispute because documentation supports that the injured employee has received benefits under California's worker's compensation laws. The Division therefore finds that this dispute is not under the jurisdiction of the Division of Workers' Compensation because it is not a Texas workers' compensation claim and is therefore not eligible for medical fee dispute resolution under §133.307.

Conclusion

The Division concludes that it does not have jurisdiction over the services in dispute. The dispute is hereby dismissed for good cause pursuant to 28 Texas Administrative Code §133.307(e)(3)(J).

DISMISSAL

The Division has determined that it does not have jurisdiction over this dispute. The request for medical fee dispute resolution is hereby dismissed.

Authorized Signature

	Grayson Richardson	November 25, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.