TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
AIR EVAC EMS INC.

Respondent Name
AMERISURE MUTUAL INSURANCE COMPANY

MFDR Tracking Number
M4-16-0513-01

Carrier's Austin Representative
Box Number 47

MFDR Date Received
October 26, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to the United States Code Title 49, 41713, the Airline Deregulation Act (ADA) of 1978 states that individual states cannot regulate the prices, routes or services of the air ambulance industry, therefore, it is inappropriate that air ambulance services be subject to state workers' compensation allowance and should be reimbursed at 100% of billed charges."

Amount in Dispute: $37,448.81

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "It is important to note that the medical provider should seek resolution through the Indiana Workers' Compensation Board as this is an Indiana jurisdictional claim."

Response Submitted by: Amerisure Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 18, 2014	Air Ambulance Services	$37,448.81	$0.00

FINDINGS AND DECISION

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

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

Findings

The Division's Medical Fee Dispute Resolution (MFDR) section is unable to resolve this dispute. 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." Upon review, the submitted information supports that the injured employee has received benefits under the worker's compensation laws of the state of Indiana. Consequently, this fee dispute is not within the jurisdiction of the Division of Workers' Compensation, as it does not involve a Texas workers' compensation claim. The Division therefore finds that this fee dispute is 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. This request for medical fee dispute resolution is dismissed for good cause in accordance with 28 Texas Administrative Code §133.307(f)(3)(D).

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 5, 2015
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 in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request 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 §141.1(d).

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