

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-7-03.

### I. DISPUTE

Whether there should be reimbursement for emergency room treatment on 3-13-03.

### II. RATIONALE

On 10-28-03, a Notice was issued stating that the Division determined that the issues in dispute are related to reimbursement based on fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee dispute per Rule 133.307 (g)(3) (A-F). Therefore, no review can be conducted and no reimbursement recommended.

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 7<sup>th</sup> day of June 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division