

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 5/30/03.

I. DISPUTE

Whether there should be additional reimbursement for hospital admission of 6/3/02 through 6/6/02.

II. RATIONALE

During the respondent's audit of the disputed services, the respondent applied the per-diem (§134.401(c)(1)) and reimbursed the requestor a total of \$2,236.00. Per Rule 134.401 (c)(4)(A)(i) this action is allowed only when stop loss is not in effect with a total audited bill below \$40,000.00.

Audit reductions are made per Rule 133.1, 133.301 and 134.401. Per Rule 134.401 (c)(6)(v), "Audited charges are those charges which remain after a bill review by the insurance carrier has been performed."

The requestor notified the Commission by letter on 7/7/03 withdrawing all services denied for medical necessity. As the per diem charges of 6/3/02 equaling \$1,137.00 were denied for lack of medical necessity, this amount was reduced from the total bill. The requestor also withdrew the total bill by \$726.18 for the services of 6/6/02. As supported by the preauthorization letter, this third day of hospital stay was not preauthorized prior to delivery of service. Lastly, all services dated 5/29/02 (equaling \$2,663.50) were reduced from the overall bill as the services were delivered prior to hospital admission and therefore, not eligible for review. These same services were also ineligible for review because they were over one year old when submitted to the Commission in violation of Rule 133.307(d)(1). These reductions taken together lowered the total bill from \$44,003.12 to \$37,202.44, below the \$40,000.00 threshold.

The requestor failed to submit copies of the invoices to either the respondent or the Commission to determine proper reimbursement of the surgical implantables; therefore, the Commission is unable to determine additional reimbursement.

IV. 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 for hospital admission of 6/3/02 through 6/6/02.

The above Findings and Decision are hereby issued this 16th day of August, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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