

**TEXAS WORKERS' COMPENSATION COMMISSION
 MEDICAL REVIEW DIVISION, MS-48
 MEDICAL DISPUTE RESOLUTION
 DECISION**

Harris Methodist Ft. Worth
 P.O. Box 916063
 Fort Worth, TX 76191-6063

Requestor

V.

Liberty Mutual Fire Insurance
 Commission Rep. Box 28

Respondent

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MDR TRACKING #: M5-03-3295-01
 TWCC FILE #:
 CLAIMANT:
 DOI: 10/___/02
 Dates of Service: 10/20/02 thru 11/7/02

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

The Medical Review Division (Division) reviewed the information submitted by the parties in the captioned medical fee dispute and has issued the enclosed Findings and Decision.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code § 148.3). This Decision is deemed received by you 5 (five) days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Tex. Admin. Code § 102.5 (d)). A request for hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, TX 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of this written request for a hearing to the opposing party, involved in the dispute.

I hereby verify that a copy of this Decision was placed in the insurance carrier representative's box and mailed to the requestor applicable to Commission Rule 102.5 this _____ day of _____, 2004. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date the Decision was placed in the Austin Representative's box.

Signature of Commission Employee: _____

Printed Name of Commission Employee: _____

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 8/14/03.

I. DISPUTE

Whether there should be additional reimbursement for hospital admission of 10/20/02 through 11/7/02.

II. RATIONALE

During the respondent's audit of the disputed services, the carrier improperly carved out the charges for the implantables, applied the per-diem (§134.401(c)(1)) and reimbursed the requestor a total of \$45,147.12. 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.

Per Rule 134.401(c)(5)(A), the diagnosis code of 823.00 is included in the trauma codes not eligible for stop loss. Instead as a trauma admission this dispute is subject to fair and reasonable reductions.

Rule 133.307 (g)(3)(D) requires the requestor "to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable." Rule 133.307 (g)(3)(E) requires that any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party in the dispute must be redacted by the party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information shall not be considered in resolving the medical fee dispute.

The requestor failed to furnish copies of redacted documentation to "justify the payment amount being sought is fair and reasonable." On this basis, additional reimbursement is not recommended.

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 additional reimbursement for hospital admission of 10/20/02 through 11/7/02.

The above Findings and Decision are hereby issued this 30th day of July, 2004.

Medical Dispute Resolution Officer
Medical Review Division