# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION	
Type of Requestor: ☐ HCP ☐ IE ☐ IC	<b>Response Timely Filed?</b> Yes No
Requestor's Name and Address HCA Healthcare	MDR Tracking No.: M4-05-0203-01
6000 NW Parkway San Antonio, TX 78249	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address LOWER COLORADO RIVER AUTHORITY	Date of Injury:
901 S MO PAC EXPY BLDG 4 AUSTIN TX 78746-5776 Austin Commission Representative Box 02	Employer's Name: Lower Colorado River Authority
	Insurance Carrier's No.:  900000530

#### PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates o	of Service	CPT Code(s) or Description	Amount in Dispute	Amount Due
From	То	Cr r Couc(s) or Description	Amount in Dispute	
1/20/04	1/23/04	Inpatient Hospitalization	\$16,843.59	\$16,837.59

#### PART III: REQUESTOR'S POSITION SUMMARY

Per TWCC contract if total charges exceed \$40K, then the total hospital charges are reimbursed at 75%.

### PART IV: RESPONDENT'S POSITION SUMMARY

These charges of \$40,908.55 were first submitted as an outpatient stay. \_\_\_ was in the facility three days. EGIG reimbursed based upon a three day surgical per diem stay. The implants were audited and reimbursed at invoice plus 10%. Total EGIG reimbursement was \$13,837.83. This case does not fall under the stop-loss calcualtion method. Total charges of \$40,908.55 minus the \$18,770.50 billed for implants leaves \$22,138.05. The implants are not considered "unusually costly services" as mentioned in Rule 134.401. The implants are not services at all, but are tangible items, the cost of which, along with some profit and handling charges are passed along to the carrier. This does not constitute "unusually costly services" per Rule 134.401.

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the documentation provided by both parties, it **does** appear that this particular admission involved "unusually extensive services." In particular, this admission resulted in a hospital stay of 3 days based upon spinal surgery involving decompressive laminectomy with medial facetectomies and foraminotomies; inspection of disks at both L3-4 and L4-5 without removal (use of microscope), bilateral posterior lateral bone fusion with local autologous bone; pedicle screw instrumentation L3, L4, L5 with intraoperative EMG monitoring. Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The total audited charges associated with this admission equals \$40,908.55. This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers' compensation reimbursement amount equal to \$30.681.41. The Requestor billed the Respondent

\$40,908.55 and received payments of \$13,8	37.83.			
	ies' positions, and the application of the provision amount for these services equal to \$16,843.59.	ns of Rule 134.401(c), we find that the health		
PART VI: COMMISSION DECISION AND	ORDER			
entitled to additional reimbursement in	healthcare services, the Medical Review Div the amount of \$16,843.59. The Division her est due at the time of payment to the Request Allen McDonald	reby <b>ORDERS</b> the insurance carrier to		
Authorized Signature	Typed Name	Date of Order		
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 a 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 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on This Decision is deemed received by you 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 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Drive, Suite #100, Austin, Texas, 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 their written request for a hearing to the opposing party involved in the dispute.  Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.				
PART VIII: INSURANCE CARRIER DELI	VERY CERTIFICATION			
	f this Decision and Order in the Austin Repre			
organiture or mountainee Currier.	_			