

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> ( ) Yes (x) No
Requestor's Name and Address Advanced Practice, Inc. 17101 Preston Road, Ste. 180-S Dallas, TX 75248	MDR Tracking No.: M4-05-0391-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address  AMERICAN CASUALTY CO OF READING PA BURNS ANDERSON JURY & BRENNER PO BOX 26300 AUSTIN TX 787550300  Austin Commission Representative Box 47	Date of Injury:
	Employer's Name: Groendyke Transport Inc.
	Insurance Carrier's No.:  900000008

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
10/28/03	10/31/03	Surgical Admission	\$30,732.20	\$0.00

## PART III: REQUESTOR'S POSITION SUMMARY

In rule 134.401 (c) (6) Stop-Loss Method. Stop-loss is an independent reimbursement methodology established to ensure fair and reasonable compensation to the hospital for unusually costly services rendered during treatment to an injured worker. This methodology shall be used in place of and not in addition to the per diem based reimbursement system. The diagnosis codes specified in (c) (5) are exempt from the stop-loss methodology and the entire admission shall be reimbursed at a fair and reasonable rate.

Given that this claim meets the stop/loss threshold, it should be paid per this payment methodology and not the per diem based system of payment.

## PART IV: RESPONDENT'S POSITION SUMMARY

It is the Carrier's position that Baylor All Saints Medical is not entitled to reimbursement of its billed charges per the stop-loss methodology at 75% for the following reasons:

1. Baylor All Saints Medical did not show that the services provided were unusually extensive or costly, and without such showing, the stop-loss provision is not invoked. See M4-02-0447-01 and TWCC Rule 134.401 (c) (6).
2. Baylor All Saints Medical would not be entitled to 75% of its billed charges because the total audited charges do not exceed the minimum stop-loss threshold of \$40,000. See 453-00-2092.M4 and TWCC Rule 134.401 (c) (6) (A) (i)(ii)(iii)(iv)(v).

## 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 **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The total length of stay for this admission was 3 days (consisting of 3 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$3,354 (3 times \$1,118). The requestor billed \$1,575.00. In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows

Documentation was provided for implantables in the amount of \$16,972.50. Cost plus 10% = \$18,669.75..

Considering the reimbursement amount calculated in accordance with the provisions of rule 134.401(c) compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services. The amount paid was \$20,603.10.

**PART VI: COMMISSION DECISION**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is **not** entitled to additional reimbursement.

Findings and Decision by:

Gail A. Anderson

Authorized Signature

Typed Name

Date of Order

**PART VII: 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 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, P.O. Box 17787, 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 en español acerca de esta correspondencia, favor de llamar a 512-804-4812.**

**PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_