

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? () Yes (x) No
Requestor's Name and Address Tenet Healthcare/Trinity Medical Center 2401 Internet Boulevard, #110 Frisco, TX 75034	MDR Tracking No.: M4-05-0780-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address KELLER ISD C/O DEAN G PAPPAS & ASSOCIATES PO BOX 66655 AUSTIN TX 78766-6655 Austin Commission Representative Box 29	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 000170815

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
11/20/03	11/24/03	Surgical Admission	\$12,801.98	\$0.00

PART III: REQUESTOR'S POSITION SUMMARY

The contractual agreement between FARA (TWCC) and Trinity Medical Center call for the following payment terms: Per TWCC Rule 134.401 Section 6; when charges reach a total of \$40,000 the entire claim is to be considered at the stop-loss allowance of 75%... Based on this rule there is to be no exclusions due to charges reaching the stop-loss threshold, therefore total billed charges should be considered at the stop loss allowance. Therefore, Trinity Medical Center demands that you reprocess our claim and issue payment in accordance with our contract and the policy stipulated under the law in the state of Texas. Total payment due on the claim is \$82,840.21 less payment received of \$70,038.23, leaving a balance due of \$12,801.98.

PART IV: RESPONDENT'S POSITION SUMMARY

There are 5 revenue codes under dispute because of questions arising at time of nurse audit:

1. 110: This is dispute over room charges \$288.00 at the private rate. Workers Compensation only covers the semi-private room rate routinely. The private rate charged was \$1119.00. The semiprivate rate was \$1047.00. The difference was multiplied times the number of days to a reduction of \$288.00.
2. 250: This is dispute over pharmacy charges of \$468.36. This represented overcharges on three doses of Levofloxin.
3. 270: This is dispute over central supply charges of \$310.16. This represented overcharges for two PCA pump fees and one patient care kit. Patient care kits are non-covered.
4. 272: This is dispute over sterile supply charges of \$4,660.84. This represented \$3,489 for probably implants – ADPT and six CAPs that should have been billed as revenue code 278. Also there were probably overcharges for 10 sheets of 10x12 inch Tegaderm (four sheets were allowed).
5. 278: This is dispute over implant charges of \$7074.62. Implants in Texas are paid at cost plus 10%. The provider is asking for 75% of billed charges which varies from TX Guidelines.

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 4 days (consisting of 4 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$4,472(4 times \$1,118). Requestor billed \$4,476.00. In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

\$ 960.00
\$ 2,600.00
\$14,120.00

Total of Invoices is \$ 16,720.00. Cost plus 10% = \$18,392.00.

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. Insurance carrier paid the requestor \$70,038.23.

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:

Authorized Signature

Typed Name

03-17-05

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 ésta 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: _____