

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC		Response Timely Filed? (X) Yes () No	
Requestor HCA Healthcare 6000 NW Parkway, Ste. 124 San Antonio, TX 78249		MDR Tracking No.: M4-05-1578-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent American Casualty Co. of RI Rep. Box #47		Date of Injury:	
		Employer's Name:	
		Insurance Carrier's No.: 35502472	

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
3-27-04	4-2-04	Inpatient Hospitalization	\$41,536.54	\$8,256.60

PART III: REQUESTOR'S POSITION SUMMARY

Per TWCC guideline total charges exceed \$40K, therefore stoploss applies. Implants are not considered auditable charges.

PART IV: RESPONDENT'S POSITION SUMMARY

Reimbursement in this case should be pursuant to the standard per diem reimbursement method.

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

C issue: Requestor contends that "claim has not been paid according to the contract terms as determined by our agreement." The respondent indicated that the terms of contract were a 10% reduction of bill.

G issue: The requestor inappropriately billed hospital services separately; services will be reviewed per Rule 134.401.

M issue: The implants were paid at fair and reasonable reimbursement. Per Rule 134.401(c)(4) implantables are to be paid at cost + 10%.

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."

The discharge summary indicated that, "She was admitted initially to undergo decompressive laminectomy and inner body fusion and stabilization at L4-5 with removal of her pedicle screws and plates/hardware...Postoperatively, she did reasonably well..."

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 6 days (consisting of 6 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$6708.00 (6 times \$1,118). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

American Red Cross invoice \$3948.00 + 10% = \$4342.80
Bone Bank Allografts invoice \$2200.00 + 10% = \$2420.00
Orthovista invoice \$1065.00 + 10% = \$1171.50
Cardinal Health invoice \$103.00 + 10% = \$113.30
PLIF Allograft Spacer \$4400.00 + 10% = \$4840.00.
EBI, LP invoice \$3900.00 + 10% = \$4290.00

The insurance carrier paid \$13,240.44 for the inpatient hospitalization.

TOTAL of Invoices and Per Diem/ Surgery \$17,177.60 + \$6708.00 = \$23,885.60. \$23,885.60 minus 10% contract reduction = \$21,497.04. The difference between amount paid and amount due = \$8,256.60.

Based on the facts of this situation, the parties' positions, and the application of the provisions of Rule 134.401(c), we find that the health care provider is entitled to a reimbursement amount for these services equal to \$8,256.60.

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$8,256.60. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Findings and Decision by:

Elizabeth Pickle

03-30-05

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 in 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: _____