

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 Vista Medical Center Hospital 4301 Vista Rd. Pasadena, TX 77504	MDR Tracking No.: M4-05-1648-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address LIBERTY MUTUAL INSURANCE CO PO BOX 40460 HOUSTON TX 77240-0460 Austin Commission Representative Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 900000139

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
12/02/2003	12/07/2003	Surgical Admission	\$12,595.97	\$ 0.00

PART III: REQUESTOR'S POSITION SUMMARY

TWCC Rule 134.401 provides the rules regarding reimbursement for Acute Care In-patient Hospital Fee services. Specifically, reimbursement consists of 75% of remaining charges for the entire admission, after a Carrier audits a bill. See Tex. Admin. Code Section 133.401 (c). This figure is presumptively considered to be "fair and reasonable" in accordance with the preamble of TWCC Rule 134. See 22 TexReg 6265. Further, the TWCC stated that the stop-loss threshold increases hospital reimbursement and will ensure fair and reasonable rates for hospitals and ensure access to quality health care for injured workers. See id. At 6279.

The Carrier is allowed to deduct any personal items and may only deduct non-documented services and items and services, which are not related to the compensable injury. At that time, if the total audited charges for the entire admission are below \$40,000, the Carrier may reimburse at a "per diem" rate for the hospital services. However, if the total audited charges for the entire admission are at or above \$40,000, the Carrier shall reimburse using the "Stop-Loss Reimbursement Factor" (SLRF). The SLRF of 75% is applied to the "entire admission."

According to the literal interpretation of the TWCC Rule 134.401 and the further clarification by the TWCC from QRL 01-03, a Carrier may not "deduct" any carve-out costs listed in Rule 134.401 (c) (4). Further, additional reimbursement for implants or any other "carve-out costs" shall only be reimbursed at cost plus 10% if the stop-loss threshold is not met. Therefore, in this instance, the Carrier has severely under-reimbursed the billed charges, despite the clear language in the Texas Administrative Code and further clarification provided by the TWCC in QRL 01-03.

PART IV: RESPONDENT'S POSITION SUMMARY

We base our payments on the Texas Fee Guidelines and the Texas Workers' Compensation Commission Acts and Rules.

...The bill was processed as follows:

Total Billed Charges: \$69,483.10

Upon conducting a line by line audit, it was determined that the charges for implants were excessive. The total charge for implants was deducted from the total billed charges. The implants were then re-priced at usual and customary, per the geographical area and added back to the remainder of charges. (SOAH Docket No. 453-03-0910.M4 and TWCC Docket No. M4-02-2243-01 support payment for a similar claim using this same methodology.) Upon appeal, the provider submitted their actual manufacturers invoices, an adjustment was made based on the additional information received.

	\$69,483.10	Total billed charge
-	\$24,120.00	Total billed charge for implants (BAK interbody cage and allomatrix 3 cc)
-	\$ 359.95	Revenue code y2700-med surg supplies 0 items that should be included in the facility fee.
=	\$45,003.15	Sub-total
X	75%	Stop-Loss Factor
=	\$33,752.36	
+	\$ 5,764.00	Implants at cost plus 10%
=	\$39,516.36	Total payment made per TX FS

Liberty Mutual does not believe that Vista Medical Center is due any further reimbursement for services rendered to ___ for services rendered between 12/2/03-12/07/03.

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 day for surgical days). Accordingly, the standard per diem amount due for this admission is equal to \$4,472 (4 times \$1,118). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows: list appropriate carve out and the associated reimbursement amount.

Documentation included for implantables was \$4,405.00. Cost plus 10% = \$4,845.50.

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 \$39,516.36.

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

03-07-05

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 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: _____