MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP ( ) IE ( ) IC	**Response Timely Filed?** (x) Yes ( ) No
Requestor's Name and Address Spring Branch Medical Center C/o Hollaway & Gumbert 3701 Kirby Dr., Suite 1288 Houston, TX 77098-3926	MDR Tracking No.: M4-05-1710-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address TAC WC Self Ins. Fund/Rep. Box #: 01 Parker & Associates, LLC P. O. Box 684769 Austin, TX 78768-4769	Date of Injury: Employer's Name: Orange County Insurance Carrier's No.: 9000425861

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
11-3-03	11-7-03	Inpatient Hospitalization	$3,374.53	$3,374.53

PART III: REQUESTOR'S POSITION SUMMARY

Position summary of November 22, 2004 states, "… a total of $39,208.30 has been paid… It is our position that reimbursement was improperly determined pursuant to the acute care inpatient hospital fee guideline of the Texas Workers' Compensation Commission… According to Rule 134.401(c)(6)… this claim would then be reimbursed at the stop-loss rate of 75% as the total audited charges exceed the minimum stop-loss threshold of $40,000…".

PART IV: RESPONDENT'S POSITION SUMMARY

Position summary of November 18, 2004 states, "… The Provider billed the Carrier $56,777.10 for the total cost of the hospitalization, surgery, and implantables. The Carrier reimbursed the Provider a total of $39,208.30. As no cost invoices were originally submitted, the implantables were reimbursed at fifty percent of the billed amount, which equals $6,749.16 according to the EOB. The Provider since supplied cost invoices for the implantables, which document a surgical implantable cost of $5,908.97. After deducting the billing of the implantables, the remainder of the bill equaled $43,278.79, and was reimbursed at 75% of the audited charges. This produced reimbursement of $32,459.14. This reimbursement plus the implantables at fifty percent of the billed amount equals $39,208.30…"

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 4 days based upon a "1. L5 Gill procedure. 2. Subtotal L4 laminectomy. 3. Bilateral L4-5, L5-S1 foraminotomy. 4. Bilateral L5 and S1 nerve root explorations. 5. L5-S1 intertransverse fusion using right iliac crest bone graft. 6. L5-S1 internal fixation with Synthes Click'X." Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The Requestor billed $56,777.10. The Respondent reimbursed $39,208.30. Due to the medical information provided, the admission involved "unusually extensive services". Therefore, the stop-loss reimbursement factor of (75%) results in a workers' compensation reimbursement amount equal to $3,374.53 ($42,582.83 - $39,208.30).

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 $3,374.53.

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 $3,374.53. 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.

Ordered by:

	Roy Lewis	5-19-05
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 and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____