

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> (X) Yes ( ) No
Requestor Spine Hospital of South Texas 18600 N. Hardy Oak Blvd. San Antonio, TX 78258	MDR Tracking No.: M4-05-2000-01
	TWCC No.:
	Injured Employee's Name:
Respondent  TX Public Jr. & Comm College Rep. Box #11	Date of Injury:
	Employer's Name: Southwest TX Jr. College
	Insurance Carrier's No.: COMC030073

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
7-29-04	8-2-04	Inpatient Hospitalization	\$24,219.91	\$23,775.73

## PART III: REQUESTOR'S POSITION SUMMARY

Payment is not in accordance with TWCC Fee Guideline. Payment is not in accordance with Acute In-patient Stop-Loss portion of the Fee Guideline. Used by Carrier for Charges for which no "MAR" is established. The Carrier has not provided the proper payment exception code in this instance, which is in violation of the Texas Administrative Code.

## PART IV: RESPONDENT'S POSITION SUMMARY

Payment was made based on the Acute Care Inpatient Hospital Fee Guideline. . . The total charged amount of the bill was \$40,408.05, with \$15,148.00 charged toward implantables. Allowing cost plus ten percent for the implants (\$8,331.40), left a total of \$33,591.45. Therefore, since the total was less than \$40,000 and the provider has not submitted any documentation to support unusually extensive services, reimbursement according to the per diem rate was appropriate.

## 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 5 days based upon 360° operation. Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The requestor billed \$50,130.58 for the hospitalization. In determining the total audited charges, it must be noted that the insurance carrier has indicated some question regarding the charges for the implantables. The requestor billed \$19,739.60 for the implantables. The carrier paid \$10,531.08 for the implantables, it appears that the carrier found that the cost for the implantables was \$9,573.70 (reimbursed amount divided by 110%). This amount multiplied by the average mark-up of 200% results in an audited charge for implantables equal to \$19,147.41.

The audited charges for this admission, excluding implantables, equals \$30,390.98. This amount plus the above calculated audited charges for the implantables equals \$49,538.39, the total audited charges. This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers' compensation reimbursement amount equal to \$37,153.79.

The insurance carrier audited the bill and paid \$13,378.06 for the inpatient hospitalization. The difference between amount paid and

amount due = \$23,775.73.

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 \$23,775.73.

**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 \$23,775.73. 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:

Allen McDonald, Director

May 20, 2005

Elizabeth Pickle, RHIA

May 20, 2005

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: \_\_\_\_\_