

MDR Tracking Number: M4-05-2050-01 (Previously M4-03-2499-01)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1-28-03.

This AMENDED FINDINGS AND DECISION supersedes M4-03-12499-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 10-8-04 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 11-1-04. An Order was rendered in favor of the Requestor. The respondent disagreed with the MDR and appealed the decision.

### **I. DISPUTE**

Whether there should be reimbursement for inpatient hospitalization from 2-5-02 through 2-11-02.

### **II. FINDINGS**

- a. The requestor billed \$132,747.56 for the inpatient admission.
- b. The respondent reimbursed the requestor \$67,003.09 for inpatient admission.
- c. The total amount in dispute is \$32,557.58.
- d. The respondent denied reimbursement based upon "F – The charges for this hospitalization have been reduced based on the Fee Schedule allowance; and The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

### **III. RATIONALE**

- a. Rule 134.401(c)(6)(A)(i), "To be eligible for stop-loss payment for the total audited charges for a hospital admission must exceed \$40,000, the minimum stop-loss threshold." The total amount billed and audited exceeds the \$40,000.00 threshold.
- b. The requestor billed \$62,220.00 for supply/implants. The carrier paid \$5,038.00 based upon, "The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

- c. The requestor failed to support that charges billed were usual and customary, therefore, additional reimbursement is not recommended.

#### **V. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for inpatient hospitalization.

The above Findings and Decision are hereby issued this 22<sup>nd</sup> day of November 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division