

MDR TRACKING M4-05-2051-01 (Previously M4-03-1858-01)

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 12-6-02.

This AMENDED FINDINGS AND DECISION supersedes M4-03-1858-01 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The Medical Review Division's Decision of 10-8-04 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 11-1-04.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 12-8-01 through 12-13-01.

II. FINDINGS

- a. The requestor billed \$135,256.91 for the inpatient admission.
- b. The respondent reimbursed the requestor \$75,077.40 for inpatient admission.
- c. The total amount in dispute is \$26,365.28.
- 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 \$63,344.00 for supply/implants. The carrier paid \$15,357.65 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 22nd day of November 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division