

MDR Tracking Number: M4-05-2052-01 (**Previously M4-03-2324-01**)

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 1-17-03.

This AMENDED FINDINGS AND DECISION supersedes M4-03-2324-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 10-11-04 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 11-1-04.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 4-30-02 through 5-6-02.

### **II. FINDINGS**

- a. The requestor billed \$116,725.30 for the inpatient admission.
- b. The respondent reimbursed the requestor \$41,063.17 for inpatient admission.
- c. The total amount in dispute is \$46,480.81.
- d. The respondent denied reimbursement based upon "F – The charges for this hospitalization have been reduced based on the Fee Schedule allowance; The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix; and The Payor requires pre-certification for each day of an inpatient hospital stay. A portion of the room and board charges are being denied because the number of pre-certified days has been exceeded or there was no record of pre-certification by first health's utilization/medical management department."

### **III. RATIONALE**

- a. The respondent reduced the total bill of \$116,725.30 by \$7,524.50 for services not preauthorized. According to the respondent, the requestor sought and received preauthorization for 2 days. A preauthorization letter was not submitted by either party in the dispute to verify this. The total stay was six days. No evidence of a concurrent review being requested by the requestor was submitted by either the requestor or

respondent. Therefore, (16,725.30 minus \$7,524.50) \$109,200.80 the total of these disputed/audited charges exceed \$40,000.00.

- b. The requestor billed \$84,204.00 for supply/implants. The carrier paid \$17,353.60 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. AMENDED 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 Amended Findings and Decision are hereby issued this 22<sup>nd</sup> day of November 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division