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 Vista of Dallas 4301 Vista Road Pasadena, Texas 77504	MDR Tracking No.: M4-05-2533-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Company P O Box 12029 Austin, Texas 78711-2029 Box 54	Date of Injury: Employer's Name: Insurance Carrier's No.: 99C0000319019

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
12/11/03	12/17/03	Surgical Admission	$97,941.75	$14,297.50

PART III: REQUESTOR'S POSITION SUMMARY

"According to the literal interpretation of TWCC Rule 134.401 and the further clarification by the TWCC from QRL 01-03, a Carrier may not 'deduct' any carve-out costs listed in Rule 134.401(c)(4). Further, additional reimbursement for implants or any other 'carve-out costs' shall only be reimbursed at cost plus 10% if the stop-loss threshold is NOT met. Therefore, in this instance, the Carrier has severely under-reimbursed the billed charges, despite the clear language in the Texas Administrative Codes and further clarification by the TWCC in QRL 01-03."

PART IV: RESPONDENT'S POSITION SUMMARY

"The issues in this case are whether or not this bill meets the criteria necessary to receive reimbursement at a stop loss rate, this carrier's right to audit the charges, and fair and reasonable reimbursement for implants. It is this carrier's position the requester has not supported reimbursement in the amount billed, that the amount billed is due for the implants, or that the charges in dispute were unusually costly or that the services were unusually extensive."

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 additional 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 information provided by both parties, it does **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The total length of stay for this admission was 6 days (6 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to $6,708.00(6 times $1,118.00). In addition, the hospital is entitled to additional reimbursement for (implantables and 6 day hospital stay) as follows:

Carrier's reimbursement of the six day admission is $4,956.00

The carrier did not reimburse the provider per rule 134.401(c)(2) for the inpatient admission amount of $6,708.00(6 days x $1,118.00), leaving $1,752.00 in additional reimbursement.

Provider charged $85,960.00 per the UB-92 for the implantables.

Implantables: Invoice totals submitted by provider = $21,710.00

Carrier reimbursement of implantables was $11,335.50

The implantables were not properly reimbursed per rule 134.401(c)(4)(A) at cost plus 10%. Invoice total is $21,710.00 x 10% = $23,881.00 - $11,335.50 already paid = $12,545.50 additional reimbursement for the implantables.

The amount of additional reimbursement recommended is $12,545.50 for the implantables + $1,752.00 for the six day inpatient admission = $14,297.50 additional reimbursement.

Therefore, 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 an additional reimbursement amount for these services equal to $14,297.50.

PART VI: COMMISSION DECISION

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 **$14,297.50**. 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	03/03/05
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: _____