

# 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  HCA Healthcare 6000 NW Parkway, Ste. 124 San Antonio, TX 78249	MDR Tracking No.: M4-05-3057-01
	TWCC No.:
	Injured Employee's Name:
Respondent  TML Intergovernmental Risk Pool Rep. Box # 19	Date of Injury:
	Employer's Name: Capital Metro Transportation
	Insurance Carrier's No.: T1000400095753

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
8-18-04	8-24-04	Inpatient Hospitalization	\$42,536.00	\$21,012.34

## PART III: REQUESTOR'S POSITION SUMMARY

Per TWCC guideline total charges exceed \$40K, therefore stoploss applies. Implants are not considered auditable charges.

## PART IV: RESPONDENT'S POSITION SUMMARY

Requestor billed a total of \$81,528.71. The Requestor asserts it is entitled to reimbursement in no specific dollar amount per the Table of Dispute Services, which is presumably 75% of the total charges. Requestor has not shown entitlement to this alternative, exceptional method of calculating reimbursement and has not otherwise properly calculated the audited charges.

## 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."

The discharge summary indicated that, "This consisted of the patient being taken to surgery the day of admission where the old spinal cord stimulator was removed completely including the generator and the leads. This was replaced by a new spinal cord stimulator with the quadraplate electrode leads being over the T10 vertebral body region...The patient was up and about and urinating well with good strength at the time of dismissal."

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 6 days based upon anterior posterior L5-S1 fusion. Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The insurance carrier denied reimbursement for 1 day based upon lack of preauthorization. The records do not support medical emergency per rule 134.600. Therefore, the charges for 8-24-04 will be deducted = \$1,158.68.

The requestor billed \$81,528.71 for the hospitalization. The requestor billed \$50,585.25 for the implantables. The actual cost for the implants per invoices was \$11,522.84.

Based on a review of numerous medical disputes and our experience, the average markup for implantables in many hospitals is 200%. Since the requestor did not present any documentation supporting their charge, we will apply this average mark-up to the cost amount

derived from the invoices in order to determine the amount to use in the total audited charges. This amount multiplied by the average mark-up of 200% results in an audited charge for implantables equal to \$23,045.68.

The audited charges for this admission, excluding implantables, equals \$30,943.46. This amount plus the above calculated audited charges for the implantables equals \$53,989.14, the total audited charges. This amount minus patient convenience of \$4.00 = \$53,985.14. The insurance carrier's denial of lack of preauthorization charges deducted = \$52,826.46 This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers' compensation reimbursement amount equal to \$39,619.84.

The insurance carrier audited the bill and paid \$18,607.50 for the inpatient hospitalization. The difference between amount paid and amount due = \$21,012.34.

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 \$21,012.34.

**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 \$21,012.34. 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

June 15, 2005

Authorized Signature

Typed Name

Date of Order

Elizabeth Pickle, RHIA

June 15, 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 en 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: \_\_\_\_\_