



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Insurance Carrier	
Requestors Name and Address:  Houston Community Hospital PO Box 11586 Houston, TX 77093	MDR Tracking No.: M4-05-4916-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Box #:  Sentry Select Insurance Co. Rep Box: 19	Date of Injury:
	Employer's Name: Southline Equipment Co Inc
	Insurance Carrier's No.: 51C350431

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

1. DWC-60
2. UB-92
3. EOB's
4. Medical Records

Position Summary: "...Enclosed are copies of EOB's from other carrier's, which show a higher rate of reimbursement, consistent to our usual and customary. We are requesting that Sentry Select Insurance pay our claims at the usual and customary..."

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

1. DWC-60 response

Position Summary: "...Regarding the dates-of-service complained of by the Requestor, Respondent asserts it paid a fair and reasonable rate to the Requestor for all services rendered to the Claimant, per TX. Labor Code §413.011(b). The Requestor has not met its burden to prove its bills were within the parameters contemplated by the Act, and thus merits no further reimbursement..."

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
04-30-04	Hospital Outpatient Services	I, II, III	\$0.00

### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The request for medical dispute in this case was received on 03-04-05.

1. This dispute relates to hospital outpatient services provided in a hospital that are not covered under a Texas Department of Insurance, Division of Workers' Compensation ("TDI, DWC") fee guideline for this date of service. Therefore, the reimbursement determined through this dispute resolution process must reflect a fair and reasonable rate as described in 28 Texas Administrative Code §134.1 and Texas Labor Code §413.011(d) to achieve, in part, access to quality medical care and effective medical cost control. This case involves a factual dispute about what is a fair and reasonable reimbursement for the services provided.
2. The Requestor states in their position statement that they enclosed EOB's from other carrier's showing a higher rate of reimbursement that is consistent to their usual and customary. However, no EOB's were submitted with dispute.
3. In this situation, the Requestor did not provide sufficient information on what a "fair and reasonable" reimbursement should be for these services. The Requestor purports that their total charges should be considered the amount for the "fair and reasonable" reimbursement. Hospital charges, however, are not a valid indicator of a hospital's costs at providing service nor at what is being paid by other payors. 22 *TexReg* 6269. In addition, Texas Labor Code section 413.011(d) provides, in part: "The [fee] guidelines may not provide for payment at a fee in excess of the fee... **paid** by that individual or by someone acting on that individual's behalf (emphasis added)." The Requestor has provided only charged amounts and not evidence of typical paid amount(s) for the disputed service(s).

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

- 1) 28 Texas Administrative Code Sec. 134.1(d)
- 2) Other statutes, rules, and reference specified in this decision

**PART VII: DIVISION FINDINGS AND DECISION**

Based upon the lack of sufficient supporting documentation submitted by the Requestor and in accordance with the provisions of Texas Labor code, Sec. 413.031, the Division has determined that the Requestor **is not** entitled to additional reimbursement.

Decision by:

Patricia Rodriguez

10-27-03

Authorized Signature

Typed Name

Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of a medical dispute resolution, findings and decisions are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**