

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 Twelve Oaks Medical Center C/o Hollaway & Gumbert 3701 Kirby Drive, Suite 1288 Houston, TX 77098-3926	MDR Tracking No.: M4-05-6680-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address North American Specialty Ins./Rep. Box #: 22 C/o Anchor Claims Management P.O. Box 819045 Dallas, TX 75381	Date of Injury:
	Employer's Name: Angleton Danbury Medical Center
	Insurance Carrier's No.: TX01015488001

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
4-19-04	4-23-04	Inpatient Hospitalization	\$16,063.70	\$13,491.74

PART III: REQUESTOR'S POSITION SUMMARY

A position statement was not submitted. The Requestor's rationale listed on the Table of Disputed Services states, "IC failed to pay per TWCC Rule 134.401 Acute Care Inpatient Hospital Fee Guideline and SOAH decision 453-04-3600.M4. Per TWCC Rule 134.401(c)(6) and SOAH decision 453-04-3600.M4, claim pays @ 75% of total charges as charges exceed \$40,000.00 stop-loss threshold. IC further failed to audit according to TWCC Rule 134.401(c)(6)(A)(v). Further, services were unusually extensive based on 12 surgical operations related to IE's spinal surgery."

PART IV: RESPONDENT'S POSITION SUMMARY

Position summary of May 5, 2005 states, "... This is a medical fee dispute arising from an inpatient hospital surgical admission. The medical bill indicates that the dates of service are 4/19/04 through 4/23/04 when in fact they are 4/19/04 through 4/22/04. It appears that the patient was doing so well that she discharged herself the evening of 4/22/04. Therefore, the hospital stay was for 3 days... The requestor asserts it is entitled to reimbursement in the amount of \$77,602.52, which is 75% of the total charges... this 3-day hospital stay qualifies for \$3,354.00 (\$1,118 x 3 days) in reimbursement... The requestor is entitled to reimbursement for implantables in the amount of \$21,320.25..."

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."

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 4 days. The UB-92 lists the "Prin. Diag. CD. 722.10", lumbar disc displacement and the "Prin. Diag CD. 81.08", lumbar posterior fusion. Accordingly, the stop-loss method does apply and the reimbursement is to be based on stop-loss methodology.

In determining the total audited charges, it must be noted that the insurance carrier has indicated some question regarding the charges for the implantables. The requestor billed \$49,581.00 for the implantables. The carrier paid \$20,978.05 for the implantables. The key issue is what amount would represent the usual and customary charges for these implantables in determining the total audited charges. The requestor did not provide the Commission with any documentation on the actual cost of implantables or how their charges were derived.

Based on a review of numerous medical disputes and our experience, the average markup for implantables in many hospitals is 200%. Based on a reimbursement of \$20,978.05 it appears that the carrier found that the cost for the implantables was \$23,075.86 (reimbursed amount divided by 110%). This amount multiplied by the average mark-up of 200% results in an audited charge for implantables equal to \$46,151.71.

The audited charges for this admission, excluding implantables, equals \$53,889.03. This amount plus the above calculated audited charges for the implantables equals \$100,040.74 the total audited charges. This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers' compensation reimbursement amount equal to \$13,491.74 (\$75,030.56 -\$61,538.82 (amount paid by respondent)).

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 \$13,491.74.

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 \$13,491.74. 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.

Findings and Decision by:

Allen McDonald

5-27-05

Authorized Signature

Typed Name

Date of Decision

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, 7551 Metro Center Drive, Suite # 100, 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: _____