MEDICAL DISPUTE RESOLUTION AMENDED 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 Medical Center Hospital	MDR Tracking No.: M4-05-6905-01
4301 Vista Road Pasadena, Texas 77504	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address HARTFORD UNDERWRITERS INSURANCE CO	Date of Injury:
STE 555 9020 N CAPITAL OF TEXAS HWY AUSTIN TX 78759-7279 Box 27	Employer's Name: Northwest Community Baptist
	Insurance Carrier's No.: 900000647

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates o	of Service	CPT Code(s) or Description	Amount in Dispute	Amount Due
From	То	- Cr r Couc(s) or Description	Amount in Dispute	
01-06-04	01-10-04	Surgical Admission	\$29,168.65	\$0.00

PART III: REQUESTOR'S POSITION SUMMARY

 $TWCC\ Rule\ 134.401\ requires\ payment\ of\ 75\%\ of\ audited\ charges\ for\ billed\ charges\ that\ reach\ the\ stop-loss\ threshold\ of\ \$40,000.00.$

PART IV: RESPONDENT'S POSITION SUMMARY

It is carrier's position that have correctly reimbursed the provider using the per diem methodology and no additional reimbursement should be made.

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 documentation provided by the provider, 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 four (4) days (consisting of 4 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to \$4,472.00 (4 times \$1,118.00). One inpatient day was preauthorized. In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

No invoices were submitted by the requestor, therefore, no reimbursement can be determined.

The carrier has reimbursed the provider \$1,118.00

This Amended Findings and Decision supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above Requestor and Respondent. The Medical Review Division's Decision of 03-18-05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 04-15-05. An Order was rendered in favor of the Requestor. The Requestor appealed the Order to an Administrative Hearing as the Requestor did not agree with the disposition of this dispute which resulted in the withdrawal of the Findings and Decision of M4-04-B119-01.

Considering the reimbursement amount calculated in accordance with the provisions of Rule 134.401(c) compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services.				
PART VI: COMMISSION DECISION				
Based upon the review of the disputed hea not entitled to additional reimbursement. Findings and Decision:	althcare services, the Medical Review Divisi	on has determined that the requestor is		
	Debra L. Hewitt	05-20-05		
Authorized Signature	Typed Name	Date of Decision		
PART VII: YOUR RIGHT TO REQUEST A H	EARING			
within 20 (twenty) days of your receipt of Decision was mailed to the health care produced Decision is deemed received by Decision was placed in the Austin Repress should be sent to: Chief Clerk of Proceeding A copy of this Amended Decision should The party appealing the Division's Amended Decision in the dispute.	led Decision shall deliver a copy of their writt	strative Code § 148.3). This Amended hatatives box on This working day after the date the Amended de § 102.5(d)). A request for a hearing Yexas, 78744 or faxed to (512) 804-4011.		
TART VIII. INSURANCE CANAISMUMINE				
I hereby verify that I received a copy of this Amended Findings and Decision in the Austin Representative's box.				
Signature of Insurance Carrier:		Date:		