

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 Vista Medical Center Hospital 4301 Vista Rd. Pasadena, TX 77504		MDR Tracking No.: M4-05-6906-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Insurance Co. of the State of PA Rep. Box # 19		Date of Injury:	
		Employer's Name: Hillhaven Corp.	
		Insurance Carrier's No.: 039CBD414962N	

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
1-12-04	1-19-04	Inpatient Hospitalization	\$28,588.67	\$9,616.95

PART III: REQUESTOR'S POSITION SUMMARY

Carrier has not provided proper payment exception code in this instance, which is in violation of the Texas Administrative Code. M – code improperly used to designate stop loss reimbursement per Acute In-Patient Stop Loss Fee Guideline.

PART IV: RESPONDENT'S POSITION SUMMARY

Vista is not entitled to additional reimbursement in this case. Vista was properly reimbursed under the per diem reimbursement methodology because this does not qualify as a “stop loss” case.

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

This AMENDED FINDINGS AND DECISION supersedes M4-05-1104-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 3-15-05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 4-6-05. The original decision and order erroneously stated that amount paid was \$3,336.30 for inpatient hospitalization instead of for implantables.

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.” The carrier recognized the hospitalization to be unusually extensive services by virtue of 75% reimbursement for those charges. This review is limited to the items listed on the TWCC-60 Table. Review of the TWCC60 Table reveals that only the charges for implantables and lab services (\$42,566.62) are in dispute. There are three UB92s totaling (\$93,292.43). Page 3 of 3 appears to be duplicate billing for services already billed on page 1 of 3. The EOB reflects 75% payment already was made for lab services; therefore, additional payment is not due.

The invoices provided were compared and matched up to the itemized statement:

Jen-Sci invoice \$2130.00
Osteotech, Inc. invoice \$1395.50

Centerpulse invoice \$3440.00

Nuvasive invoice \$1670.00 (invoice shows 5 items were purchased but the itemization shows only one was used.

TOTAL of Invoices = \$8,635.50

Due to inconsistent patterns of inflated implantables charges in MDR stop loss disputes; the Commission has determined, by experience, an average usual and customary allowance of 200% of total invoice costs as a proper audit adjustment before applying the SLRF when determining proper reimbursement in a stop loss case.

In this case, $\$8,635.50 \times 200\% = \$17,271.00$ total usual and customary for implantables. This amount $\times 75\% = \$12,953.25$.

The insurance carrier paid \$3,336.30 for the inpatient hospitalization. The difference between amount paid of \$3336.30 and amount due of $\$12,953.25 = \$9,616.95$.

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 \$9,616.95.

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 \$9,616.95. 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.

Decision by:

_____	Elizabeth Pickle	May 10, 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 Amended 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 Amended Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Amended 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 Amended 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 Amended Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____