

MEDICAL DISPUTE RESOLUTION AMENDED FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? () Yes (x) No
Requestor's Name and Address Vista Medical Center Hospital 4301 Vista Road Pasadena, Texas 77503	MDR Tracking No.: M4-05-6949-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Lumbermens Mutual Casualty Company PO BOX 162443 WESTLAKE STATION AUSTIN TX 78716--0000 Box 42	Date of Injury:
	Employer's Name: Brown & Root Inc
	Insurance Carrier's No.: 900000144

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
02-11-03	02-18-03	Surgical Admission	\$35,909.96	\$33,114.44

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

The provider did submit appropriate documentation with the original bill for payment; however, the provider included two dates of services that were not pre-authorized. I have faxed billing for processing omitting dates of service 02-11-03 and 02-18-03. Bills will be processed based on fair and reasonable per TWCC guidelines.

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, procedure of extensive irrigation and debridement of skin with wound dehiscence without evidence of deep abscess formation, it **does** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss threshold. Using the stop-loss methodology the total allowable WCRA is \$33,114.44 (\$44,152.59 total audited charges X 75%).

Pre-authorization was for 5 days inpatient stay.

The carrier has made no payment to the provider.

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 03-15-05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 04-18-05. 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 M4-04-5687-01.

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 reimbursement for these services equal to \$33,114.44 (total allowable WCRA).

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 reimbursement in the amount of \$33,114.44. 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

05-10-05

Authorized Signature

Typed Name

Date of Order

Decision by:

Debra Hewitt

05-10-05

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 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 amended 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 Amended 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 Amended 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: _____