## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION				
<b>Type of Requestor:</b> (x) HCP () IE () IC	<b>Response Timely Filed?</b> () Yes (x) No			
Requestor's Name and Address Christus St. Joseph Hospital	MDR Tracking No.: M4-05-8154-01			
C/O Hollaway & Gumbert	TWCC No.:			
3701 Kirby Drive, Suite 1288	Injured Employee's Name:			
Houston, Texas 77098				
Respondent's Name and Address Texas Mutual Insurance Company	Date of Injury:			
6210 East Highway 290 Austin, Texas 78723-1098	Employer's Name: Stone Well Service, Inc.			
	Insurance Carrier's No.:			
Box 54	99D0000352398			

#### PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of	of Service	CPT Code(s) or Description	Amount in Dispute	Amount Due	
From	То	- Cr i Code(s) of Description	Amount in Dispute	Amount Due	
05/11/04	05/14/04	Surgical Admission	\$23,087.54	\$0.00	

### PART III: REQUESTOR'S POSITION SUMMARY

"It is our position that reimbursement was improperly determined pursuant to the acute care inpatient hospital fee guidelines of the Texas Workers' Compensation Commission ('TWCC')."

### PART IV: RESPONDENT'S POSITION SUMMARY

Carrier's response was untimely.

# 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 information provided by the provider, it does **not** appear that this particular admission involved "unusually extensive services." The provider submitted an operative report indicating that a posterior lumbar fusion L3-L5 was performed; patient tolerated the procedure well and left the operating room in good condition and no complications were noted. 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 carrier made reimbursement for the 3-day stay in the amount of \$18,300.39 per the requestor's position statement.

The requestor billed \$28,933.50 for the implantables.

The requestor submitted an invoice indicating the cost for the implantables were \$7,220.00. However, the carrier has indicated that the invoices submitted by the requestor totaled \$12,729.00.

Therefore, reimbursement based on per diem is  $3,354.00(3 \times 1,118.00)$  and reimbursement for the implantables at cost plus ten percent is 14,001.90 ( $12,729.00 \times 110\%$ ). Per diem for the 3-day stay is 3,354.00 + 14,001.90 for the implantables = 17,355.90 total reimbursement recommended.

Therefore, based on the facts of this situation that the health care provider is entitled to ad-	on, the parties' positions, and the application of the additional reimbursement.	e provisions of Rule 134.401(c), we find		
PART VI: COMMISSION DECISION				
Based upon the review of the disputed has not entitled to additional reimbursement Ordered by:	nealthcare services, the Medical Review Divist.	sion has determined that the requestor is		
	Michael Bucklin	08/23/05		
Authorized Signature	Typed Name	Date of Order		
PART VII: YOUR RIGHT TO REQUEST A HEARING				
If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.  House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH 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.  Beginning September 1, 2005, appeals of medical dispute resolution orders 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.  Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.				
PART VIII: INSURANCE CARRIER DELI	VERY CERTIFICATION			
I hereby verify that I received a copy of Signature of Insurance Carrier:	this Decision and Order in the Austin Repres	sentative's box.  Date:		