

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> (x) Yes ( ) No
Requestor's Name and Address Spring Branch Medical Center C/o Hollaway & Gumbert 3701 Kirby Dr., Suite 1288 Houston, TX 77098-3926	MDR Tracking No.: M4-05-8296-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address American Home Assurance Co./Rep. Box #: 19 P.O. Box 4996 Syraruse, N.Y. 13221	Date of Injury:
	Employer's Name: Tenet Healthcare Corp.
	Insurance Carrier's No.: YDWC 11870

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
8-4-03	8-16-03	Inpatient Hospitalization	\$72,641.52	\$72,641.52

## PART III: REQUESTOR'S POSITION SUMMARY

Position summary July 10, 2004 states, "... The carrier denied this claim alleging –re-authorization was required. In support of the hospital's request, the hospital shows the following: 1) the patient's medical condition met the definition of medical emergency as defined by the rules of TWCC; 2) healthcare to treat a medical emergency does not require being a medical emergency once the patient was transferred from the ER to an acute care inpatient setting; 4) the hospital contacted the carrier and/or the carrier's agent for the specific purpose of obtaining an authorization, but were specifically advised no pre-cert was required when the patient came in through the ER; and 5) pursuant to the rules of the TWCC, this claim is to be reimbursed at the stop-loss rate of 75% of audited charges..."

## PART IV: RESPONDENT'S POSITION SUMMARY

Position summary of June 30, 2004 states, "... The employee was admitted from 8/4/03-8/16/03 for a post-op infection. However, once the employee was stabilized this would no longer be considered an emergency and therefore, the provider would require authorization from the carrier for the remaining inpatient stay... the carrier has not received a request for reconsideration from the provider per TWCC Rule 134.304(k), and therefore the carrier respectfully requests that this dispute be dismissed..."

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

Due to an error in MDR Tracking #: M4-04-A084-01, the Dismissal issued on April 20, 2005 is withdrawn. A Findings and Decision is issued under MDR Tracking #: M4-05-8296-01.

Rule 133.304(k), Medical Payments and Denials, allows the Requestor to submit the bill to the insurance carrier for reconsideration when dissatisfied with the insurance carrier's final action. The Requestor submitted a 22-page fax request for reconsideration to the insurance carrier and according to the confirmation sheet was received by the insurance carrier for reconsideration.

Rule 134.600(b)(1)(A), Preauthorization, Concurrent Review, and Voluntary Certification of Health Care, discusses the carrier's liability for all reasonable and necessary medical cost of health care listed in subsections (h) or (i) when an emergency occurs as defined in Rule 133.1(a)(7)(A).

Rule 133.1(a)(7)(A). Definitions for Chapter 133 – Benefits – Medical Benefits, defines "a medical emergency consists of the sudden

onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health and/or bodily functions in serious jeopardy, and/or serious dysfunction of any body organ or part."

The medical information submitted indicates the patient "... was seen in the ER stating that her back locked up and she could not turn the previous day... complaining of back and left leg pain... numbness and weakness in the left leg for about one day... she was found to have decreased oxygen saturation and also cardiomegaly. She was admitted to PCU for telemetry..." The patient was "... seen by infectious disease on 8/5/03..." On 8/6/03... She continued to complain of back and leg pain along with a weak EHL and tibialis anterior which was a problem from her previous surgeries... we received the cultures back and they revealed it was methicillin-resistant Staphylococcus aureus, just a regular Staph infections... On 8/8/03, the patient was taken to the operating room for incision and drainage of her lumbar spine and placement of antibiotic beads... Deep space abscess of the lumbar spine was also seen. It was also revealed that the left L5 screw was broken... the lumbar wound was debrided and reposition of the left L5 screw... On 8/16/03... the patient was discharged..." Therefore, this admission appears to be a medical emergency and preauthorization is not required.

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 12 days (3 days was "Post ICU) based upon "1. Revision laminectomy, L5. 2. Revision lumbar posterior instrumentation with removal of L5 screw and replacement of L5 screw, left. 3. Lumbar debridement, deep to bone." Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The Requestor billed \$96,855.36. The Respondent did not allow any reimbursement. Due to the medical information provided, the admission involved "unusually extensive services". Therefore, the stop-loss reimbursement factor of (75%) results in a workers' compensation reimbursement amount equal to \$72,641.52.

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 \$72,641.52.

#### 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 \$72,641.52. 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

5-24-05

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 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, 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 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 Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_