

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 Valley Regional Medical Center c/o Hollaway & Gumbert 3701 Kirby Dr., Ste. 1288 Houston, TX 77098-3926	MDR Tracking No.: M4-05-8304-01 (Previously M4-04-9657-01)
	TWCC No.:
	Injured Employee's Name:
Respondent Fairfield Insurance Co. Rep. Box # 1	Date of Injury:
	Employer's Name: William & Roxann Davis Co. LLC
	Insurance Carrier's No.: 02216D232075

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
5-27-03	6-1-03	Inpatient Hospitalization	\$12,977.79	\$3,239.97

PART III: REQUESTOR'S POSITION SUMMARY

Carrier failed to pay per TWCC Rule 134.401 Acute Care Inpatient Hospital Fee Guideline and SOAH decision 453-04-3600.M4...Per TWCC Rule 134.401(c)(6)...claim pays @ 75% of total charges as charges exceed \$40,000.00 stop-loss threshold. IC further failed to audit according to TWCC Rule 134.401(c)(6)(A)(v).

PART IV: RESPONDENT'S POSITION SUMMARY

The State Office of Administrative Hearings has held that, under the stop-loss provision, carriers may pay the implantables at cost plus 10% and then pay the remaining bill at 75% of the audited charges.

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

This AMENDED FINDINGS AND DECISION supersedes M4-04-9657-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 4-18-05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 5-20-05. The original decision did not consider the reduced charges of \$5,803.00 that were denied based upon "G" and hospital did not rebut the unbundling issue.

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."

The discharge summary indicates that claimant underwent L1-2, L4-5, S1 laminectomy and decompression; L1-2, L4-5, and L5-S1 facetectomy and foraminotomy; L1-2 discectomy on the left side; L4, L5, S1 bilateral intratransverse fusion with autograft and bone marrow; L4, L5, S1 bilateral posterior lateral fusion with autograft, bone marrow, and Graphon bone matrix; Intraoperative monitoring with SSEP, MEP, electromyogram, and pedicle screw stimulation; Bone marrow aspiration from the right iliac bone; and L4-5, S1 instrumentation with Titanium Unimax plate and screws under fluoroscopy; and Lumbar drain.

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 5 days based upon (a subsequent operation). Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The requestor billed \$67,921.00 for the hospitalization. In determining the total audited charges, it must be noted that the insurance carrier has indicated some question regarding the charges for the implantables. The requestor billed \$23,380.75 for the implantables. The actual cost for the implants per invoices was \$8100.00.

Based on a review of numerous medical disputes and our experience, the average markup for implantables in many hospitals is 200%. Since the requestor did not present any documentation supporting their charge, we will apply this average mark-up to the cost amount derived from the invoices in order to determine the amount to use in the total audited charges. This amount multiplied by the average mark-up of 200% results in an audited charge for implantables equal to \$16,200.00.

The audited charges for this admission, excluding implantables, equals \$44,540.25 (\$67,921.00 minus \$23,380.75). This amount plus the above calculated audited charges for the implantables equals \$60,740.25 the total audited charges. This amount minus unbundled fees of \$5,803.00 = \$54,937.25. This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers’ compensation reimbursement amount equal to \$41,202.93.

The insurance carrier audited the bill and paid \$37,962.96 for the inpatient hospitalization. The difference between amount paid and amount due = \$3,239.97.

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 \$3,239.97.

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 \$3,239.97. 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:

Elizabeth Pickle, RHIA

June 3, 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 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 in the Austin Representative’s box.

Signature of Insurance Carrier: _____ Date: _____