AMENDED MEDICAL DISPUTE RESOLUTION 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. Houston Community Hospital P.O. Box 11586 Houston, TX 77293	MDR Tracking No.: M4-05-8347-01 **(Previously M4-04-8756-01)** TWCC No.: Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Co. Box 54 6210 East Highway 290 Austin, TX 78723	Date of Injury: Employer's Name: Big 6 Drilling Co. Insurance Carrier's No.: 000055877

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
07/28/03	07/31/03	Inpatient Hospitalization	$76,032.30	$35,647.50

PART III: REQUESTOR'S POSITION SUMMARY

No Position Summary was provided.

PART IV: RESPONDENT'S POSITION SUMMARY

No response or position summary received from the insurance carrier.

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

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 The Medical Review Division's Decision of 04/17/05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 05/23/05. An Order was rendered in favor of the Requestor. The Respondent appealed the Order to an Administrative Hearing as the Respondent did not agree with the disposition of this dispute that resulted in the withdrawal of the Findings and Decision of M4-04-8756-01.

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 4 days based upon spinal surgery involving the following procedures: Lumbar laminectomy, bilateral, L4-5, L5-S1; Neural foraminatomy, bilateral, L4-5, L5-S1; Excision total of intervertebral disc L4-5, L5-S1; Installation of intervertebral prosthesis L4-5, L5-S1; Segmental pedicle screw fixation L4-5, L5-S1; Preparation of bone graft L4-5, L5-S1; Installation of bone graft with intertransverse fusion L4-5, L5-S1; Facet fusion L4-5, L5-S1; and Somatosensory evoked potential and EMG monitoring. Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

The table of disputed services indicates that payment received for room and board charges as well as implantables charges are not in dispute. The amount paid for pharmacy and the remainder of the inpatient stay is in dispute and stop-loss will be re-calculated.

$101.735.00 Total amount billed
(51,733.00) Less room and implantables charges – per the table of disputed services
$ 50,002.00 Remaining charges in dispute
x 75%
$37,501.50 Total recommended reimbursement
1,354.00 Less carrier payment
$36,147.50 Additional reimbursement recommended; however, per the table of disputed services the requestor is seeking $35,647.50.

PART VI: AMENDED 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 $35,647.50. 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.

Amended Ordered by:

	Allen McDonald	May 31, 2005
Authorized Signature	Typed Name	Date of Order

Amended Decision by:

	Marguerite Foster	May 31, 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 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: _____