

Provider billed a NeuroVision Module and Screw test along with a Sterile Pedicle Probe in the amount of \$6,680.00. However the operative report does not indicate that any implantables were used in the surgical procedure. Therefore, they will not be reviewed in this decision.

Requestor billed \$63,605.36 for the one day-stay.

The carrier made reimbursement for the 1-day stay in the amount of \$1,118.00 and blood administration in the amount of \$224.25, making a total reimbursement in the amount of \$1,342.25.

Therefore, reimbursement based on per diem is \$1,118.00(1 x \$1,118.00), leaving no additional reimbursement recommended.

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 not entitled to additional reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 134.401 (c)(6).

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to additional reimbursement.

Ordered by:

Michael Bucklin

09/09/05

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and 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. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.