



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) Health Care Provider ( ) Insurance Carrier	
Requestors Name and Address: Vista Medical Center Hospital 4301 Vista Rd Pasadena TX 77504	MDR Tracking No.: M4-05-B029-01
	05015051
	Injured Employee's Name:
Respondent's Name and Box #: COMMERCE & INDUSTRY INSURANCE Representative Box #19	Date of Injury:
	Employer's Name: ALLIED AVIATION HOLDINGS CORP
	Insurance Carrier's No.: 077088899

### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Principle Documentation:

1. DWC-60
2. UB-92
3. EOB's
4. Medical records

Position Summary "...Carrier did not provide the proper payment exception code in this instance..."

### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary:

1. DWC-60
2. Position statement
3. EOB's

Position Summary: "...Because Requestor has failed to prove that the reimbursement received is not fair and reasonable, Requestor is not entitled to further reimbursement..."

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
9/24/04	Hospital Outpatient Services	1, 2, 3	\$00.00
TOTAL			\$00.00

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

The request for medical dispute in this case was received on 8/2/05.

1. This dispute relates to hospital outpatient services provided in a hospital that are not covered under a Texas Department of Insurance, Division of Workers' Compensation ("TDI, DWC") fee guideline for this date of service. Therefore, the reimbursement determined through this dispute resolution process must reflect a fair and reasonable rate as described in 28 Texas Administrative Code §134.1 and Texas Labor Code §413.011(d) to achieve, in part, access to quality medical care and effective medical cost control. This case involves a factual dispute about what is a fair and reasonable reimbursement for the services provided.

2 The Respondent made total payments of \$4,747.43 with reduction codes "F (1) - The charge for this procedure exceeds fair and reasonable" and (F (2) – Payment is not recommended. This procedure represents unbundled services paid in a global/rebundled code for this date." These denial codes are not an issue in this dispute as these charges are paid under the fair and reasonable reimbursement for the entire procedure as per Texas Labor Code §413.011(d).

3. In this situation, the Requestor did not provide sufficient information on what a "fair and reasonable" reimbursement should be for these services. The Requestor purports that their total charges should be considered the amount for the "fair and reasonable" reimbursement. Hospital charges, however, are not a valid indicator of a hospital's costs at providing service nor at what is being paid by other payors. 22 *TexReg* 6269. In addition, Texas Labor Code section 413.011(d) provides, in part: "The [fee] guidelines may not provide for payment at a fee in excess of the fee... **paid** by that individual or by someone acting on that individual's behalf (emphasis added)." The Requestor has provided only charged amounts and not evidence of typical paid amount(s) for the disputed service(s).

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 134.1(d)  
Other statutes, rules, and reference specified in this decision

**PART VII: DIVISION FINDINGS AND DECISION**

Based upon the lack of sufficient supporting documentation submitted by the Requestor 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.

Decision by:

James Schneider

11/ 20 /06

Authorized Signature

Typed Name

Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of a medical dispute resolution, findings and decisions 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.**