



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

**Type of Requestor:**  Health Care Provider     Injured Employee     Insurance Carrier

Requestor's Name and Address: Vista Hospital of Dallas 4301 Vista Pasadena, Texas 77504	MDR Tracking No.: M4-05-B134-01 <hr/> Claim No.: <hr/> Injured Employee's Name:
Respondent's Name and Address: Travelers Indemnity Company 1501 S MoPac Expressway, Suite A-320 Austin, Texas 78746-7541 Box 05	Date of Injury: <hr/> Employer's Name: <b>Televista Company</b> <hr/> Insurance Carrier's No.: 039CBAFJ4844

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

Requestor submitted operative report, discharge summary and a position statement. "In addition, the treatment rendered was reasonable and necessary in accordance with the usual and customary standards of the medical community for the treatment of the compensable work related injury." Requestor is seeking additional reimbursement in the amount of \$34,247.00.

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

Carrier submitted a position statement that supports their reason for no additional reimbursement. "This bill has been reimbursed correctly. This was paid at the per diem rate of \$1118.00 per day for 2 days (\$1118.00 x 2 = \$2236.00). There were no implants billed. In reviewing this bill, there were no unusually extensive services needed so this bill would not meet stop-loss requirements."

### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
09/08/04-09/10/04	Surgical Admission		

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

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 additional 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 information provided by the provider, it does **not** appear that this particular admission involved "unusually extensive services." The provider submitted an operative report indicating that a two-level left hemilaminotomy and microdiscectomy at L4-5 and L5-S1 was performed, the patient left the OR in good condition and no complications were noted. Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem methodology described in the same rule.

Requestor billed \$48,644.00 for the two day-stay.

The carrier made reimbursement for the 2-day stay in the amount of \$2,236.00.

Therefore, reimbursement based on per diem is \$2,236.00(2 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.**