



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Harris Methodist Fort Worth 3255 W Pioneer Parkway Arlington, Texas 76013	MDR Tracking No.: M4-05-B404-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Highlands Casualty Company c/o Parker & Associates, LLC P O Box 42307 Houston, Texas 77242-2307 Box 01	Date of Injury:
	Employer's Name: Halliburton Energy Services, Inc.
	Insurance Carrier's No.: 01995C 0613694

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor did not submit documentation to support their position for additional reimbursement.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Carrier submitted a position statement that supports their reason for no additional reimbursement. "The provider has not shown an entitlement to reimbursement of the implants. The provider did not supply invoices to show the cost of the implants and has not filed such invoices with this medical dispute. Instead, the provider has filed its own computer print-outs of documents asserting to show its average basic cost for its items with no documents to verify these numbers are accurate or that the specific implants for this claimant cost the amounts listed. As such, the provider has not shown its cost for the implants for this surgery."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
11/15/04-11/20/04	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 did not submit an operative report indicating what surgery was performed. Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The provider did not submit any invoices indicating the amount billed for the implantables. Therefore, MDR cannot determine the charges of the implantables and no reimbursement is recommended for the implantables.

The carrier made reimbursement for the 5-day stay in the amount of \$6,329.50 per diem.

Therefore, 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

09/20/05

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.