



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:
HCA Conroe Regional Medical Center
c/o Hollaway & Gumbert
3701 Kirby Drive, Suite 1288
Houston, Texas 77098-3926

MDR Tracking No.: M4-05-B550-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
Transportation Insurance Company
c/o Stone Loughlin & Swanson
P O Box 30111
Austin, Texas 78755
Box 06

Date of Injury:

Employer's Name: Reinicke Construction, LLC

Insurance Carrier's No.:
35482507

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor submitted a discharge summary, consultation, history & physical and a position statement.

"Our client does not agree with the position of the insurance carrier and is seeking assistance from the Medical Dispute Resolution for the disposition of this fee reimbursement in question."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Carrier submitted a position statement indicating: "Reimbursement in this case should be pursuant to the standard per diem reimbursement method. The stop-loss method for outlier cases does not apply as the services provided to the claimant were not unusually extensive or costly. The claimant in this case did not undergo any type of surgery during his hospital stay, not even a minor surgical procedure. He underwent testing consisting of an EEG, CT scans, and MRIs. The only treatment consisted of observation and medication adjustment. The Provider has not justified the use of the stop-loss method in this case by demonstrating that the admission required unusually extensive and costly services. Therefore, the standard per diem reimbursement should be applied."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
10/01/04-10/18/04	Medical Admission	I	\$0.00

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

I. 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 both parties, it does **not** appear that this particular admission involved "unusually extensive services." The provider submitted documentation indicating the claimant was brought to the emergency room for the principal diagnosis of seizures. The claimant underwent medication monitoring and adjustment, EEG, MRIs and CT scans. No surgical procedures were performed. 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.

The carrier made reimbursement for the 17-day stay in the amount of \$30,559.96 per the Table of Disputed Services.

Therefore, reimbursement based on per diem is \$19,006.00(17 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

01/10/06

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.