



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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| Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier | |
| Requestor's Name and Address: Vista Hospital of Dallas 4301 Vista Road Pasadena, TX 77504 | MDR Tracking No.: M4-05-B552-01 |
| | Claim No.: |
| | Injured Employee's Name: |
| Respondent's Name and Address: Employers Ins. Co. of Wausau/Rep. Box #: 28 | Date of Injury: |
| | Employer's Name: Blue Ridge Paper Products Inc. |
| | Insurance Carrier's No.: 949543895 |

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary as stated on the Table of Disputed Services, "F-Payment not in accordance with Acute In Patient Stop Loss per Fee Guideline".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary of September 2, 2005 states, "...The bill has been reviewed per Rule 133.301 and the fee schedule guidelines, which allow for line item audit. Reductions may reflect fair and reasonable pricing, denial of personal items, non-compensable services, and or services not normally billed..."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

| Date(s) of Service | CPT Code(s) or Description | Part V Reference | Additional Amount Due (if any) |
|--------------------|----------------------------|------------------|--------------------------------|
| 9-29-04 – 10-1-04 | Inpatient Hospitalization | 1 | \$00.00 |
| | | | |

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

1 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 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 documentation provided by both parties, it does **not** appear that this particular admission involved "unusually extensive services." The patient underwent a removal of plate at C4, -5, -6 and ACD with instrumentation and allograft at C3-4. 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 total length of stay for this admission was 2 days (consisting of 1 days for surgical and 1 day ICU). Accordingly, the standard per diem amount due for this admission is equal to \$2,678.00 (1 day times \$1,118 plus 1 day times \$1,560). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows: The requestor submitted an invoice for implantables totaling \$7,100.00.

Total of Implantables: \$7,100.00 x 10% = \$7,810.00 Total audited charges: \$2,678.00 + \$7,810.00 = \$10,488.00

The Requestor billed \$94,534.89; the Respondent reimbursed the healthcare provider \$11,564.00.

Considering the reimbursement amount calculated in accordance with the provisions of rule 134.401(c) compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services.

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 review of the disputed healthcare services, the Division has determined that the requestor is **not** entitled to additional reimbursement

Findings and Decision by:

Roy Lewis

12-20-05

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.