

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x)HCP ( )IE ( )IC	<b>Response Timely Filed?</b> (x) Yes ( ) No
Requestor's Name and Address Vista Medical Center Hospital 4301 Vista Rd. Pasadena, TX 77504	MDR Tracking No.: M5-05-2400-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address ACE Ins. Co. of Texas/Rep. Box #: 15 C/o Law Offices of John D. Pringle The Vaughn Building 807 Brazos, Suite 603 Austin, TX 78701	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
8-14-02	8-30-02	Inpatient Hospitalization	\$170,929.88	\$55,765.72

## PART III: REQUESTOR'S POSITION SUMMARY

Position summary of August 14, 2003 states, "... In this instance, the audited charges that remained in dispute after the last bill review by the insurance carrier were \$228,044.50. The prior amounts paid by the carrier were \$62,700.15. Therefore, the carrier is required to reimburse the remainder of the Workers' Compensation Reimbursement Amount of \$108,333.23, plus interest..."

## PART IV: RESPONDENT'S POSITION SUMMARY

Position summary of August 13, 2003 states, "... This medical dispute concerns Vista Medical Center Hospital's (Requestor) request for payment of an alleged inpatient hospital stay of seventeen days. Requestor has failed to established that the alleged inpatient hospital stay of seventeen days was medically reasonable and necessary for proper treatment of the injuries sustained..."

## 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 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."

AccuMed's (A Service of Intracorp), audit of December 4, 2002 lists denial codes "F Reduction According To Medical Fee Guideline, M Reduced to Fair and Reasonable, U Unnecessary Medical Treatment Guidelines, N Not Documented, R Extent of Injury."

Commission Rule 133.301(a) states, "... The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title (relating to Guidelines for Medical Services, Charges, and Payments)...". Intracorp's authorization of June 25, 2002 authorized the "Non Emergency Inpatient" admission under "CB206889A" and an extension was granted (according to a Note on August 14, 2002). This extension was confirmed on July 18, 2005 with Intracorp's representative, Patricia Gonzalez. Therefore, the "U" denial code is moot and will not be considered.

Research of the Commission's data base revealed that on or about September 9, 2003 the Respondent's Representative states, "... That the Denial Code of (R) Doesn't really Fit The Situation. CLMT Apparently Developed An Infection After Surgery ... No Need For A BRC. BRC Denied...". Therefore, the "R" denial code is moot and will not be considered.

After reviewing the documentation provided by both parties, it **does** appear that this particular admission involved "unusually extensive services." In particular, this admission resulted in a hospital stay of 16 days. Two days of the stay were in intensive care. The operative report of August 15, 2002 indicates the patient underwent a multi level fusion with instrumentation. Accordingly, the stop-loss method does apply and the reimbursement is to be based on the stop-loss methodology.

In determining the total audited charges, it must be noted that the insurance carrier has indicated some question regarding the charges for the implantables. The requestor billed \$106,960.00 for the implantables. The carrier paid \$18,504.00 for the implantables. The key issue is what amount would represent the usual and customary charges for these implantables in determining the total audited charges. The requestor provided the Commission with documentation on the actual cost of implantables, \$18,435.00.

Based on a review of numerous medical disputes and our experience, the average markup for implantables in many hospitals is 200%. This amount multiplied by the average mark-up of 200% results in an audited charge for implantables equal to \$36,870.00.

The audited charges for this admission, excluding implantables, equals \$121,084.50. This amount plus the above calculated audited charges for the implantables equals \$157,954.50 the total audited charges. This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers' compensation reimbursement amount equal to \$55,765.72 (\$118,465.87- \$62,700.15 (amount paid by respondent).

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 entitled to a reimbursement amount for these services equal to \$55,765.72.

#### PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$55,765.72. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

7-18-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Order

#### PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, , P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

#### PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_

