



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Vista Medical Center  
Hospital

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-04-6057-02

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

February 5, 2004

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
May 5 – 13, 2003	Inpatient Hospital Services	\$58,469.04	\$0.00

### Requestor's Position

"...if the total audited charges *for the entire admission* are at or above \$40,000, the Carrier shall reimburse using the "Stop-Loss Reimbursement Factor" (SLRF). The SLRF of 75% is applied to the "entire admission."

**Amount in Dispute:** \$58,469.04

### Respondent's Position

"The requester in this dispute has not supported that the services were unusually costly or extensive."

**Response Submitted by:** Texas Mutual

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305, 27 Texas Register 12282](#), applicable to requests filed on or after January 1, 2003, sets out the procedures for resolving medical disputes.
2. [28 TAC §133.304, 17 Texas Register 1105](#), effective February 20, 1992, sets out the provisions for insurance carriers to dispute and audit medical bills.
3. [28 TAC §133.307, 27 Texas Register 12282](#), applicable to requests filed on or after January 1, 2003, sets out the procedures for resolving medical fee disputes.
4. [TAC 28 §134.1, 27 Texas Register 4047](#), effective May 16, 2002, sets out the guidelines for a fair and reasonable amount of reimbursement in the absence of a contract or an applicable Division fee guideline.
5. [28 TAC §134.401, 22 Texas Register 6246](#), effective August 1, 1997, sets out the fee guidelines for inpatient services rendered in an acute care hospital.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- O – Denial after reconsideration
- F – Fee guideline MAR reduction
- 01 – The charge for the procedure exceeds the amount indicated in the fee schedule
- TM – Services were reimbursed in accordance with the carrier's fair and reasonable; cost date is unavailable for your facility at this time. Additional reimbursement may be considered upon receipt of this information.
- YM – The reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011 (D).  
Itemized statement indicates SSEP/EMC supplies are being billed under this Blood Storage/Blood Product revenue code.
- YO – Reimbursement was reduced or denied after reconsideration of treatment/service billed
- M – No mar
- S – Supplemental payment
- JM – The medical fee guideline states in the importance of proper coding "Accurate

coding of services rendered is essential for proper reimbursement”, the services performed are not reimbursable as billed.

### Dispute History

- This dispute was originally decided on May 6, 2005.
- The original dispute decision was appealed to District Court.
- The 261st Judicial District remanded the dispute to the division pursuant to an agreed order of remand D-1-GN-08-002700 dated June 21, 2011.
- As a result of the remand order, the dispute was re-docketed at the DWC’s medical fee dispute resolution section.
- M4-04-6057-02 is hereby reviewed.

### Issues

1. Did the audited charges exceed \$40,000.00?
2. Did the admission in dispute involve unusually extensive services?
3. Did the admission in dispute involve unusually costly services?
4. Is the requestor entitled to additional reimbursement?

### Findings

This dispute relates to inpatient surgical services provided in a hospital setting with reimbursement subject to the provisions of Division rule at 28 TAC §134.401, titled *Acute Care Inpatient Hospital Fee Guideline*, effective August 1, 1997, 22 Texas Register 6264. The Third Court of Appeals’ November 13, 2008 opinion in *Texas Mutual Insurance Company v. Vista Community Medical Center, LLP*, 275 South Western Reporter Third 538, 550 (Texas Appeals – Austin 2008, petition denied) addressed a challenge to the interpretation of 28 TAC §134.401. The Court concluded that “to be eligible for reimbursement under the Stop-Loss Exception, a hospital must demonstrate that the total audited charges exceed \$40,000 and that an admission involved unusually costly and unusually extensive services.”

Consistent with the Third Court of Appeals’ November 13, 2008 opinion, the DWC will address whether the total audited charges **in this case** exceed \$40,000; whether the admission and disputed services **in this case** are unusually extensive; and whether the admission and disputed services **in this case** are unusually costly. 28 TAC §134.401(c)(2)(C) states, in pertinent part, that “Independent reimbursement is allowed on a case-by-case basis if the particular case exceeds the stop-loss threshold...” In that same opinion, the Third Court of Appeals states that the stop loss exception “...was meant to apply on a case-by-case basis in relatively few cases.” 28 TAC §134.401(c)(6) puts forth the requirements to meet the three factors that will be discussed.

1. 28 TAC §134.401(c)(6)(A)(i) states, “to be eligible for stop-loss payment the total audited charges for a hospital admission must exceed \$40,000, the minimum stop-loss threshold.”

Furthermore, 28 TAC §134.401(c)(6)(A)(v) states that "Audited charges are those charges which remain after a bill review by the insurance carrier has been performed." Review of the explanation of benefits issued by the respondent finds that the carrier did not deduct any charges in accordance with 28 TAC §134.401(c)(6)(A)(v). Therefore, the audited charges equal \$154,934.72. The DWC concludes that the total audited charges exceed \$40,000.00.

2. 28 TAC §134.401(c)(6) states that "Stop-loss is an independent reimbursement methodology established to ensure fair and reasonable compensation to the hospital for unusually costly services rendered during treatment to an injured worker." The Third Court of Appeals' November 13, 2008, opinion concluded that in order to be eligible for reimbursement under the stop-loss exception, a hospital must demonstrate that an admission involved unusually costly services.

The requestor's position statement does not address how this inpatient admission was unusually costly. The requestor does not provide a reasonable comparison between the cost associated with this admission when compared to similar spinal surgery services or admissions, thereby failing to demonstrate that the admission in dispute was unusually costly. The DWC concludes that the requestor failed to meet the requirements of 28 TAC §134.401(c)(6).

3. 28 TAC §134.401(c)(2)(C) allows for payment under the stop-loss exception on a case-by-case basis only if the particular case exceeds the stop-loss threshold as described in paragraph (6). 28 TAC §134.401(c)(6)(A)(ii) states that "this stop-loss threshold is established to ensure compensation for unusually extensive services required during an admission."

The Third Court of Appeals' November 13, 2008 opinion states that "to be eligible for reimbursement under the Stop-Loss Exception, a hospital must demonstrate that the total audited charges exceed \$40,000 and that an admission involved unusually costly and unusually extensive services." It further states that "independent reimbursement under the Stop-Loss Exception was meant to apply on a case-by-case basis in relatively few cases."

The requestor, in its original position statement, states that "...if the total audited charges for the entire admission are at or above \$40,000, the Carrier shall reimburse using the "Stop-Loss Reimbursement Factor" (SLRF)." This statement does not meet the requirements of 28 TAC §134.401(c)(2)(C) because the requestor presumes that the disputed services meet the stop-loss exception since the billed amount was over \$40,000.00, thereby presuming that the admission was unusually extensive. The DWC concludes that the requestor failed to meet the requirements of 28 TAC §134.401(c)(2)(C).

4. For the reasons stated above, the services in dispute are not eligible for the stop-loss method of reimbursement. Consequently, reimbursement shall be calculated pursuant to 28 TAC §134.401(c)(1) subtitled *Standard Per Diem Amount* and §134.401(c)(4) subtitled *Additional Reimbursements*. The DWC notes that additional reimbursements under §134.401(c)(4) apply only to bills that do not reach the stop-loss threshold described in subsection (c)(6) of this section.

28 TAC §134.401(c)(3)(A)(ii) states, in pertinent part, that "The applicable Workers' Compensation Standard Per Diem Amount (SPDA) is multiplied by the length of stay (LOS) for admission ..." A review of the submitted documentation finds that the length of stay for this admission was eight surgical days: therefore, the standard per diem amount of \$1,118.00 multiplied by the eight days resulted in a total allowable amount of \$8,944.00.

28 TAC §134.401(c)(4)(A), states, "When medically necessary the following services indicated by revenue codes shall be reimbursed at cost to the hospital plus 10%: (i) Implantables (revenue codes 275, 276, and 278), and (ii) Orthotics and prosthetics (revenue code 274)." A review of the submitted medical bill indicates that the requestor billed revenue code 278 for implants at \$64,352.00.

. The DWC finds the total allowable for the implants billed under revenue code 278 is :

- Brantigan Cage units 3 billed price \$9,720.00 each total billed amount \$29,160.00. Submitted invoice indicates cost of \$2,430. Total cost \$7,290.00. Operative report supports.
- Brantigan Cage 1-unit, billed price \$9,720.00. Submitted invoice indicates cost of \$2,430.00. Operative report supports.
- MCC Plate 1-unit, billed price \$1,620.00. Submitted invoice indicates cost of \$405.00. No mention in operative report. No payment recommended.
- MCC J Hook 2 units, billed price \$520.00 each total billed amount \$1,040.00. Submitted invoice indicates cost of \$130.00. Total cost of \$260.00. No mention in operative report. No payment recommended.
- MCC Hex Nut 2 units, billed price \$320.00 each total billed amount \$640.00. Submitted invoice indicates cost of \$80.00. Total cost \$160.00. No mention in operative report. No payment recommended.
- MCC Screw Set 2 units, billed price \$340.00 each total billed amount \$680.00. Submitted invoice indicates cost of \$85.00. Total cost of \$170.00. No mention in operative report. No payment recommended.
- Monarch Screw 4 units, billed price \$3,780.00 each total \$15,120.00. Submitted invoice indicates cost of \$945.00. Total cost \$3,780.00. Operative report supports.
- Monarch Rod 2 units, billed price \$1,350.00 each total \$2,700.00. Submitted invoice indicates cost of \$265.50. Total cost of \$531.00. Operative report supports.
- Monarch Cap TI 4 units, billed price \$918.00 each total \$3,672.00. Submitted invoice indicates cost of \$229.50. Total cost of \$918.00. No mention in operative report. No payment recommended.
- Total billed amount for revenue code 278 \$64,352.00. Total for items supported by the operative report, \$14,031.00. This amount multiplied by 10% equals

\$15,434.10.

The submitted medical bill contained a charge of \$1100 for CT Scan. 28 TAC §134.401(c)(4)(B)(ii) states, "When medical necessary the following services indicated by revenue codes shall be reimbursed at a fair and reasonable rate: (ii) Computerized Axial Tomography (CAT scans) (revenue codes 350-352, 359)." The requestor submitted no evidence to support a fair and reasonable rate for these charges. Therefore, no additional reimbursement is recommended.

28 TAC §134.401(c)(4)(B)(iv) states, "When medical necessary the following services indicated by revenue codes shall be reimbursed at a fair and reasonable rate: (iv) Blood (revenue codes 380-399); The submitted explanation of benefits indicates a payment of \$198.00. The requestor submitted no evidence to support the amount was not a fair and reasonable rate. Therefore, no additional reimbursement is recommended.

The DWC concludes that the total allowable for this admission is \$24,378.10. The respondent issued payment in the amount of \$27,009.50. Based upon the documentation submitted, additional reimbursement cannot be recommended.

### Conclusion

The submitted documentation does not support the reimbursement amount sought by the requestor. The requestor in this case demonstrated that the audited charges exceed \$40,000, but failed to demonstrate that the disputed inpatient hospital admission involved unusually extensive services, and failed to demonstrate that the services in dispute were unusually costly.

Consequently, 28 TAC §134.401(c)(1) titled *Standard Per Diem Amount*, and §134.401(c)(4) titled *Additional Reimbursements* are applied and result in no additional reimbursement.

### **Order**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the DWC has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

December 23, 2024  
\_\_\_\_\_  
Date

### **Your Right to Appeal**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed Request for a Medical Contested Case Hearing (form DWC045A) must be received by the DWC Chief Clerk of Proceedings within twenty days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department

of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MFDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the division. Please include a copy of this Medical Fee Dispute Resolution Findings and Decision, together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a certificate of service demonstrating that the request has been sent to the other party.

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