INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 16, 2014

Dear [Name],

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed, and the Claim Administrator owes the Provider additional reimbursement of $250.00 for the review cost and $0.00 in additional reimbursement for a total of $0.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $250.00 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Name]

Medical Director

cc: [Name]
DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Official Medical Fee Schedule
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- ISSUE IN DISPUTE: Provider seeking remuneration for DRG 498 services for date of service 10/04/2013.
- Claims Administrator initially reimbursed the Provider for DRG 499
- 2nd EOR stated, “No further reimbursement was made, maximum allowance has been reached for this admission.”
- IBR process began 08/19/2014.
- 09/03/2014 Claims Administrator provided IBR proof of additional pay to Provider on 08/19/2014.
- EOR Payment 11/02/2013 = $11,281.92 + EOR Payment 8/19/2014 = $12,500.97 (-) PPO Discount = $23,782.89 total Provider Reimbursement.
- Reimbursement for DRG 498 payment was paid in accordance with Inpatient Hospital Fee Schedule maximum payment amount = DRG weight x hospital composite factor x 1.20 - $485.37 PPO Contracted Rate Applied by Claims Administrator.
- Contractual agreement not received; IBR cannot confirm correct contractual rate applied to payment.
- DRG 498 Maximum Payment ( - ) Contracted Rate = $0.00 due Provider for DRG 454
- IBR Filing fee of $250.00 is due Provider.
The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of DRG 498.**

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Multiple Surgery</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRG 498</td>
<td>$149,300.82</td>
<td>$23,782.89</td>
<td>$13,8018.90</td>
<td>N/A</td>
<td>$23,782.89</td>
<td>PPO Contract</td>
</tr>
</tbody>
</table>

Copy to: