

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000312	Date of Injury:	03/29/2011
Claim Number:	[REDACTED]	Application Received:	08/01/2013
Claims Administrator:	[REDACTED]	Assignment Date:	07/15/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 278		

Dear [REDACTED]

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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,

[REDACTED]
Chief Coding Reviewer

cc: [REDACTED]
[REDACTED]

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
- Negotiated contracted rates: none
- Other: Title 8, CCR §9789.22. Payment of Inpatient Hospital Services

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:** Reimbursement denied for Revenue code 278 submitted with DRG 472.
- Based on review of CCR §9789.22, “(g) *Additional allowance for spinal devices used in complex spinal surgery:*
(1) *For discharges occurring before January 1, 2013, costs for spinal devices used during complex spinal surgery DRGs shall be separately reimbursed at the hospital’s documented paid cost, plus an additional 10% of the hospital’s documented paid cost, net of discounts and rebates, not to exceed a maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid.*
(2) *For discharges occurring on or after January 1, 2013 but before January 1, 2014, an additional allowance of \$9,140 shall be made for spinal devices used during complex spinal surgery MS-DRGs 453, 454, and 455; an additional allowance of \$3,170 shall be made for spinal devices used during complex spinal surgery MS-DRG 456; and an additional allowance of \$670 shall be made for spinal devices used during complex spinal surgery MS-DRGs 028, 029, and 030.*”
- MS-DRG 472 is excluded from those services that receive additional reimbursement for spinal devices.

- Date of this service was 02/05/2013-02/07/2013, therefore no additional reimbursement warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of Revenue code 278 accurately denied by the Claim Administrator. No additional reimbursement is owed to the Provider.

Date of Service: 2/7/2013						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
Rev code 278	\$ 45812.00	\$ 0	\$ 45812.00	N/A	\$ 0	DISPUTED SERVICE: No additional reimbursement allowed based on submitted and paid MS-DRG 472.

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