

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 29, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000392	Date of Injury:	10/14/2005
Claim Number:	[REDACTED]	Application Received:	08/23/2013
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	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.

IBR Case Assigned: 5/30/2014

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
- Other: §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: Code DRG 460 and REV 278 is under review as it was denied in full (or part) for SERVICE.**
- Provider billed total charge of \$187,118.00.00 for dates of service 02/26/13 – 03/01/2013
- \$101,885.00 for Diagnosis Related Group 460 Spinal Fusion except Cervical without major complication or comorbidity.
- \$85,233.00 for Revenue Code for “Other Implants.”
- §9789.22. Payment of Inpatient Hospital Services. (g)(2) Additional allowance for spinal devices used in complex spinal surgery: For discharges occurring on or after January 01, 2013 but before January 01, 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.
- Provider Billed DRG 460
- Implantable medical devices, hardware, and instrumentation are inclusive to DRG 460 as this code is not listed in §9789.22, section (g).(2) as separately reimbursable components.
- The Claims Administrator reimbursed the Provider the Inpatient Hospital Fee Schedule allowance (\$50,703.38) minus a PPO discount (\$3,034.62). Claims Administrator Reimbursed Provider \$47,668.76.

- Based on the aforementioned guidelines and explanation of review, additional reimbursement is not warranted for DRG 460 or Revenue Code 278.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code DRG 460 and Rev 278

Date of Service: 2/26/2013							
Inpatient Hospital Fee Schedule							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 460	\$ 187118.00	\$ 47991.53	\$ 141805.03	N/A	N/A	\$47991.53	DISPUTED SERVICE: No Additional allowance recommended.

Copy to:

[REDACTED]

Copy to:

[REDACTED]