

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

3/12/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 5/1/2013 – 5/4/2013
MAXIMUS IBR Case: CB13-0000496

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/16/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Other: OMFS Inpatient Hospital Fee Schedule and MS-DRG assignment with Medicare code editor V31.0

Supporting Analysis:

The dispute regards the payment amount for inpatient hospital services 5/1/2013 – 5/4/2013. The Provider billed services and supplies related to the DRG 454. The Claims Administrator paid \$64,062.03 for the inpatient services with the explanation “DRG code was reassigned based on ICD-9 code and/or operative procedures and hospital record review.”

The Provider submitted a claim for inpatient hospital services and is requesting additional reimbursement for the services billed under DRG 454. The Provider is disputing the amount of reimbursement for DRG 454.

DRG 454 – Combined anterior/posterior spinal fusion with complication and/or co-morbidity.

The Provider submitted the Operative Reports, UB-04, Discharge Summary and Pain Management Consultation report for date of service 5/1/2013 – 5/4/2013. The DRG assignment, ICD-9 diagnoses, procedure codes and inpatient reports were reviewed. The DRG assignment of 454 was based the workers age, sex, submitted diagnoses: 721.3, 304.01, 305.1, 722.10, 401.9, 530.81 and 338.18; and ICD-9 procedure codes: 81.06, 81.07, 80.51, 81.62, 84.51, and 00.94. Based on a review of the medical record, it does not appear the ICD-9 code assignment of 304.01 was correct. The ICD-9 code 304.01 is considered a complication and/or co morbidity. The description of ICD-9 code 304.01 is “Opioid type dependence Continuous.” The medical record did not indicate or reference opioid drug dependence. The Pain Management Consultation indicated “Chronic opioid usage” and “escalating doses of Oxycodone for pain control.” The medical record documentation indicated a prescribed use of opioids for maintenance program for pain management. The ICD-9 code V58.69 is the correct code for patients on long term opioid treatment. The ICD-9 code V58.69 description is “long term (current) use of other medication”. All other assigned codes were reviewed and determined to be coded appropriately.

The following codes were entered in the DRG calculator: ICD-9 721.3, V58.69, 305.1, 722.10, 401.9, 530.81 and 338.18; ICD-9 Procedure Codes 81.06, 81.07, 80.51, 81.62, 84.51, and 00.94. The DRG assignment based on the entered codes is DRG 455. The description of DRG 455 is “Combined anterior/posterior spinal fusion without complications/co-morbidities or major complications/co-morbidities.”

Based on a review of the Claims Administrator’s explanation of review (EOR), the reimbursement was based on the DRG 455. The recommended allowance was based on the Official Medical Fee Schedule Inpatient Hospital Fee Schedule. There is no additional reimbursement warranted for the hospital inpatient services on date of service 5/1/2013 – 5/4/2013.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
DRG 455	\$15,474.76	\$64,062.02	\$64,062.03	\$0.00	OMFS

