

**MAXIMUS FEDERAL SERVICES, INC.**

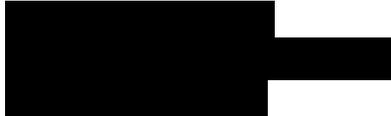
Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 8, 2016



IBR Case Number:	CB15-0002334	Date of Injury:	1/15/1994
Claim Number:	[REDACTED]	Application Received:	12/30/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	1/26/2016		
Date(s) of service:	07/28/2015 – 08/05/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 0457		

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,

Paul Manchester, MD MPH

Medical Director

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cc:



## 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
- PPO Contract
- National Correct Coding Initiatives
- Other: OMFS Outpatient Hospital Fee Schedule

## 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 is requesting additional reimbursement for DRG 457, inpatient services for dates of service 7/28/2015-8/5/2015.
- Provider indicates disputed services were not paid according to the contractual agreement or OMFS Fee Schedule.
- Claims Administrator responded to dispute indicating the Provider was “reimbursed per the Official Medical Fee Schedule and the PPO Contract.”
- § 9792.5.7. Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review.
- Post review of the Claims Administrator’s response, the submitted contract appears to be incomplete or invalid for this date of service.
- IBR cannot resolve contractual disputes or determine correct allowances if the applicability of the contract is in dispute.
- Based on the above regulations, guidelines and submitted documentation, no additional reimbursement is due.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for DRG 457

Date of Service 7/28/2015-8/5/2015						
Inpatient Hospital Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount		Workers' Comp Allowed Amt.	Notes
DRG 457	\$411,267.33	\$59907.00	\$20,246.22		\$59907.00	<b>DISPUTED SERVICE:</b> See Analysis.

Copy to:

[REDACTED]