

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 14, 2016

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB16-0000407	Date of Injury:	02/06/2014
Claim Number:	[Redacted]	Application Received:	03/10/2016
Assignment Date:	04/05/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	01/19/2015 – 01/20/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	DRG 473		

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: 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 \$195.00 for the review cost and \$8,236.74 in additional reimbursement for a total of \$8,431.74. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$8,431.74** 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,

Paul Manchester, M.D., M.P.H.  
Medical Director

[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
- OMFS

## **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 additional remuneration for DRG 473 submitted for date of service 01/19/2015 – 01/20/2015.**
- Submitted EORs indicate services reimbursed as per contractual agreement.
- Contractual Agreement indicates lesser of Contract Rate or 95% OMFS (section 2.22.1).
- **CCR § 9789.21 (o)** Unless otherwise provided by applicable provisions of this fee schedule, "Inpatient Hospital Fee Schedule maximum payment amount" is that amount determined by multiplying the DRG weight x hospital composite factor x 1.20 and by making any adjustments required in Section 9789.22.
- DRG Weight 2.2458
- Hospital Composite Factor: 9709.61377431891
- Opportunity to Dispute Eligibility communicated with Claims Administrator on 03/18/2016; response not yet received.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for DRG 473.**

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: DRG 473

Date of Service: 01/19/2015 – 01/20/2015						
In-Patient Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
DRG 473	\$82,604.47	\$16,621.92	\$8,236.74	1	\$24,858.67	<b>\$8,236.74</b> <b>Due Provider</b> <b>Refer to Analysis</b>

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