

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

~~June 2, 2016~~-06/21/2016



Amendment
Amendment Reflects Contract Provision

| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB16-0000723 | Date of Injury: | 08/15/2004 |
| Claim Number: | [REDACTED] | Application Received: | 05/02/2016 |
| Assignment Date: | 05/19/2016 | | |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 11/11/2015 – 11/12/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | DRG 472 | | |

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 \$1,828.00 in additional reimbursement for a total of \$2,023.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$2,023.00** 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,
MAXIMUS

Cc: [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
- Partial Contractual Agreement
- 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 472 Spinal Fusion, submitted for date of service 11/11/2015.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/03/2015; response received 05/17/2016.
 - The Claims Administrator indicates Provider “paid correctly per fee schedule and (Claims Administrator) PPO contract. Additionally, the Claims Administrator asserts the Provider has yet to contact (Claims Administrator) regarding contractual payment allowance.
- Provider indicates “Network allowable” paid “appears to be a per diem rate for a different service,” and “Network will not accept any submission of documents from any party other than the payor.”
 - Full Contractual Agreement Not Received for IBR.
- **Administrative Rules Article 5.5.0. § 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. (Emphasis added)
- ~~Although partial contractual language was submitted for review, the Claims Administrator has indicated (refer to 2nd bullet point) that reimbursement for DRG 472 is per Contractual Agreement, as such, the full Contractual Agreement is necessary to support a IBR’s review of the contractual language in its entirety in order to confirm or contradict the Claims Administrator’s assertions.~~ **Full Contract Received 06/07/2016** reflecting Spinal Fusion Per Diem Rate and Rev Code Rate relating to Rev Code 278.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for DRG 472.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: DRG 472

| Date of Service: 11/11/2015 | | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|--------------|---------------------------------------|--|
| In Patient | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers' Comp Allowed Amt. | Notes |
| DRG 472 | \$67,986.61 | \$15,346.14 | \$1,828.00 | 1 | \$15,346.14 \$17,174.14 | \$1,828.00 Due Provider Refer to Analysis |

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