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

12/26/2013

Independent Bill Review Final Determination Upheld

[redacted]

Re: Claim Number: [redacted]1
Claims Administrator name: [redacted]
Date of Disputed Services: 1/17/2013 – 1/21/2013
MAXIMUS IBR Case: CB13-0000173

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/2/2013, 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

Supporting Analysis:
The dispute regards the payment amount for inpatient hospital services 1/17/2013 - 1/21/2013. The Provider billed services and supplies related to the DRG 472. The Claims Administrator paid $34,843.05 for the inpatient services and denied any further allowance on the request for second review indicating "No further reimbursement was made as the maximum allowance has been reached for this admission. Labor Code 5307.1."

The Provider submitted a claim for inpatient hospital services and is requesting additional reimbursement for the implantable hardware billed under Revenue code 278 and DRG 472.

For discharges occurring on or after January 1, 2013 but before January 1, 2014 an additional allowance shall be made for spinal devices used during complex surgery MS-DRGs 453, 454,455, 456, 028, 029 and 030, per California Code of Regulations, Title 8 Section 9789.22(g)(2). Based on the date of service and DRG, an additional allowance for the implantable hardware is not warranted.

The Inpatient Hospital Fee Schedule for California Workers' Compensation maximum payment amount is determined by multiplying the DRG weight x hospital composite factor x 1.20 per California Code of Regulations, Title 8 Section 9789.21(o).

Based on a review of the documentation and explanation of review (EOR), the payment amount for the inpatient services made by the Claims Administrator was correct.

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 472	$28,169.00	$34,843.05	$34,843.05	$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:
This decision was based on OMFS Inpatient Hospital Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $34,843.05 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[redacted], RHIT

Copy to:
[redacted]

Copy to:
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