

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 15, 2014

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

IBR Case Number:	CB13-0000272	Date of Injury:	02/10/2013
Claim Number:	[REDACTED]	Application Received:	07/22/2013
Claims Administrator:	[REDACTED]	Assignment Date:	08/20/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	PPOPMT		

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,

[REDACTED]
[REDACTED]

cc: [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
- Official Medical Fee Schedule
- Negotiated contracted rates: PPO Contract Agreement
- National Correct Coding Initiatives
- Other: Inpatient 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 dissatisfied with reimbursement of DRG 027, Craniotomy & endovascular intracranial procedures. Providers dispute states “Amount paid does not conform to PPO Contract reimbursement rate. Confirmed by counsel for PPO (see 7/1/2013 letter).”
- Claims Administrator reimbursed \$22,777.75 and indicated in a letter dated July 1, 2013: “Please make sure that you are referencing the correct and updated PPO contract for the date of service in question as the date on the contract you sent us looks like it was effective back in 1990 (last digit was cut off).”
- PPO Contract received shows effective date 6/1/9 and the rest is cut off. Provider submitted a letter dated July 1, 2013 from an attorney’s office which gives no confirmation that the contract received is actually a valid contract for date of service in question. “Although we are currently unable to determine whether this individual is a participant in the network, based upon available information provided, it appears your interpretation of the [REDACTED] agreement is correct.” This is in no way evidence that the contract is an updated contract with the Claims Administrator.
- Provider fails to show evidence that reimbursement received is not the correct payment for the date of service.

- Based on information received in this review, additional reimbursement for DRG 027 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of code 027 is not recommended.

Date of Service: 2/10/2013 – 2/20/2013							
Inpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 027	\$207962.22	\$22777.75	\$143592.03	N/A	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

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