

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 15, 2014

[Redacted]

<b>IBR Case Number:</b>	CB14-0000634	<b>Date of Injury:</b>	11/29/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	04/23/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	09/09/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	918		

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]

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
- Official Medical Fee Schedule
- Negotiated contracted rates: In Dispute
- National Correct Coding Initiatives
- Other: OMFS 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 code 918. Provider indicated on the IBR application as reason for disputing denial of full payment. “██████████ contract states that all services provided to injured workers shall be paid at 100% of the state fee schedule.”
- Provider submitted documentation which included one (1) page of his contract with ██████████ where it states “Inpatient Services for Workers’ Compensation related injuries shall not exceed reimbursement of 100% of the applicable state mandated fee schedule.”
- Claims Administrator reimbursed \$1800.00 and indicated in a separate letter dated 8/29/2014 “This service is not subject to the SBR process as it is not based on a payment set by the CA WCFS. 9792.5.7 (b) and the amount recommended is based on the facility’s superseding preferred provider contract with ██████████. Therefore, the charges were reduced using the network discount effective 1/1/2006. Per diem rate for DOU Intermediate was applied = \$1800”
- There appears to be discrepancy between Provider and Claims Administrator due to a contract agreement. Without either party submitting complete contract documents, a determination for additional reimbursement is not warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on information in this review, additional reimbursement of DRG code 918 is not warranted due to lack of documentation.**

Date of Service: 11/29/2013							
Inpatient Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 918	\$9697.60	\$1800.00	\$5234.42	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> No reimbursement recommended

Copy to:

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