

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 25, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000722	Date of Injury:	02/01/1999
Claim Number:	[Redacted]	Application Received:	05/12/2014
Claims Administrator:	[Redacted]	Assignment Date:	07/02/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	DRG 945		

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
- 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 945.
- Claims Administrator reimbursed \$39,713.57 indicating on the Explanation of Review “This bill has been priced in accordance with the terms of your contract with [REDACTED]”
- Pursuant Title 8 CCR, §9792.1 Payment of Inpatient Services of Health Facilities: (c) The following are exempt from the maximum reimbursement formula set forth in subdivision (a): (1) Rehabilitation (DRG 462 and inpatient rehabilitation services provided in any rehabilitation center that is authorized by the Department of Health Services in accordance with Title 22, §§70301, 70595 - 70603 of the California Code of Regulations to provide rehabilitation services)
- PPO Contract reviewed shows Workers’ Comp related care to be paid at 98% of the state mandated Hospital Fee Schedule.

- MS-DRG 945 billed has a reimbursement rate of \$15,382.18. Provider has not submitted any documentation that would require 100% reimbursement for billed charges as stated on Provider’s Request for Second Bill Review.
- Claims Administrator appears to have reimbursed services over the recommended allowance of DRG 945 in the amount of \$39,713.57 based on the information received in this review. Explanation of Review only shows one bundled payment for services billed and therefore no further reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, additional reimbursement of DRG 945 is not warranted.

Date of Service: 9/28/2013 – 10/10/2013						
Inpatient Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
DRG 945	\$166,738.66	\$39,713.57	\$68,666.56	1	\$ 15,382.18	DISPUTED SERVICE: No reimbursement recommended.

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