

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 23, 2015

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

| | | | |
|-----------------------|--------------|-----------------------|------------|
| IBR Case Number: | CB15-0000122 | Date of Injury: | 10/03/2014 |
| Claim Number: | [REDACTED] | Application Received: | 01/29/2015 |
| Claims Administrator: | [REDACTED] | | |
| Assigned Date: | 2/24/2015 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | DRG 042 | | |

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,

Paul Manchester, MD MPH

Medical Director

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
- National Correct Coding Initiatives
- OMFS Inpatient Services 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: Reimbursement of inpatient services billed under DRG 042**
- Additional reimbursement is not recommended based on the findings.
- Claims Administrator reimbursement the provider \$16,564.27
- OMFS allowance for the inpatient services is \$21,564.54 (DRG weight 1.8616 x 1.2 x hospital specific composite factor 9653.23).
- The explanation of review indicated a total allowance of \$25,483.49 minus a PPO discount of \$7,401.92 and DRG adjustment of \$1,517.30, and a final reimbursement of \$16,564.27.
- The PPO contract was not submitted as part of the documentation.
- Per a review of the submitted documentation it appears the inpatient services were reimbursed based on a PPO contract.
- No additional reimbursement recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE:

| Date of Service: 10/3/2014 | | | | | |
|-----------------------------------|------------------------|---------------------|-----------------------|-----------------------------------|--|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Workers' Comp Allowed Amt. | Notes |
| DRG 042 | \$ 25,483.49 | \$ 16,564.27 | \$ 8,697.29 | \$ 16,564.27 | DISPUTED SERVICE: See Analysis. Reimbursement based on a PPO contract. |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]