

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 28, 2015

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000294	Date of Injury:	12/05/2012
Claim Number:	[Redacted]	Application Received:	03/03/2015
Claims Administrator:	[Redacted]		
Date Assigned:	3/30/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	DRG 491		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$12,219.01 in additional reimbursement for a total of \$12,414.01. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$12,414.01 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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
- Negotiated contracted rates:
- National Correct Coding Initiatives

## 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 491 Back & Neck Proc. Exc. spinal fusion W/O CC/MCC performed. Provider states "Claims Administrator claims that they are entitled to a PPO discount via a contract with Provider, NO such contract exists that provider is aware of"
- Claims Administrator reimbursed \$3300.00 for inpatient services on dates of service 9/25/2014 through 9/28/2014 indicating on the Explanation of Review "This charge was adjusted to comply with the rate and rules of the contract indicated"
- Claims Administrator submitted documentation disputing eligibility for IBR request stating "Per documentation that was sent to us indicates that the provider is PAR and indeed has a workers comp contract. The bill was paid per the contract rates"
- Claims Administrator submitted documented emails claiming that the bill was "paid according to the contracted rates"
- If a PPO contract does exist, none was submitted for this review nor were any details to outline what the contract states per the contract rates.
- §9789.21. (o) "Inpatient Hospital Fee Schedule maximum payment amount" is that amount determined by multiplying the DRG weight x hospital composite factor x 1.20 and by making any adjustments required in Section 9789.22 (G)(2).
- DRG 491 is not listed in Section 9789.22 (G)(2) for additional fees.

- Contractual Agreement Not Available for IBR. As such, 100% OMFS will be utilized to calculate payment pursuant to **\$9789.21**.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of DRG 491 is warranted.

Date of Service: 9/25/2014 – 9/28/2014							
Inpatient Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 491	\$64025.27	\$3300.00	\$14531.17	N/A	N/A	\$15519.01	<b>DISPUTED SERVICE:</b> Allow reimbursement \$12219.01

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