

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 9, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001635	Date of Injury:	06/17/2012
Claim Number:	[REDACTED]	Application Received:	09/17/2015
Assignment Date:	10/07/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/03/2014 – 11/06/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 454		

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, M.D., M.P.H.
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
- PPO Contract

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 seeking additional remuneration for Rev Code 278 Implants, provided for surgical services performed during DRG 454 11/03/2014 – 11/06/2014 In-patient stay.**
- The Claims Administrator denied services as inclusive to DRG 454.
- Partial Contractual Agreement (copy), provided for IBR by Provider, entitled “Amendment to Agreement” indicates “98% of the State mandated Workers Compensation Hospital Outpatient Fee Schedule. See implants...”
 - Implant section states the following: “**All implantable devices** (Specific to Revenue Codes 274, 275, 276 and **278**) Reimbursable at hospital cost plus 10%...”
- **UB-04 indicates Revenue Code “278,” a separately reimbursable code.**
- In-patient documentation indicates items for Rev. Code 278 may have been utilized during the following Operative Session on **11/03/2014**:
 1. Anterior cervical fusion, C6 and C7.
 2. Anterior cervical partial vertebrectomy with decompression of spinal canal and removal of posterior osteophytes, C6 and C7.
 3. Anterior cervical discectomy with bilateral foraminotomy and nerve root decompression, C6- C7.
 4. Placement of interbody biomechanical PEEK prosthesis at C6-C7.
 5. Anterior titanium instrumentation, C6 and C7.
 6. Exploration of fusion, C5-6.
- No other Operative Procedures were submitted during the 11/03/2014 -11/06/2014 In-Patient Stay.
- Three invoices presented for IBR for submitted Rev Code 278 are the following:
 - Invoice 90483477, No Order Date "Ship Date" **11/03/14**, PO 20009194488
 - Invoice 141128737, **Order Date 11/06/2014**, PO 20009193966
 - Invoice 0106446-IN, **Order Date 11/06/2014**, PO 2009193276
- Invoices 908483477 and 141128737 include implantable material. A record with Lot Numbers for Autologous Blood was identified, however, the Lot #'s for implantable materials relating to Rev. Code 278, could not be identified within the submitted documentation.
- Invoice 1471128737 & 0106446-IN reflect dates post (after) the surgical procedure of 11/03/2014.
- Submitted Itemized statement and UB-04 reflect “**20**” units submitted for reimbursement.
- Submitted Invoices submitted for reimbursement reflect “**33**” units.
- Although the submitted contractual agreement indicates Supplies/Implants are separately reimbursable, the documentation does not reflect the correlating dates, quantity or items utilized during the surgical procedure performed on 11/3/2014.
- **Based on the documentation submitted, additional reimbursement is not supported for DRG 454.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: DRG 454

Date of Service: 11/03/2014 – 11/06/2014 Hospital						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
DRG 454	\$124,572.14	\$76,442.85	\$15,034.74	1	\$76,442.85	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]