

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 21, 2015

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

IBR Case Number:	CB15-0000948	Date of Injury:	03/09/2010
Claim Number:	[Redacted]	Application Received:	06/10/2015
Assignment Date:	07/07/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	01/14/2015 – 01/15/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	DRG 470		

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 \$8,873.69 in additional reimbursement for a total of \$9,068.69. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$9,068.69** 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, 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
- Official Medical Fee Schedule
- Negotiated contracted rates: 95% OMFS
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

## 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 full remuneration for DRG 470 In-Patient services performed on Injured Worker 01/14/2015 – 01/15/2015.**
- The Claims Administrator reimbursement based on “contractual” rational.
- Provider Indicates PPO Contract indicates “100 % OMFS.”
- PPO Contractual Agreement is not available for IMR.
- Opportunity to Dispute communication sent to Claims Administrator on 06/15/2014; response not yet received.
- **Hospital Services.** (a) Maximum payment for inpatient medical services shall be determined by multiplying 1.20 by the product of the health facility's composite factor and the applicable DRG weight. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section.
- **§9789.22 (a)** will be utilized to calculate Maximum Reimbursement.
  - $WT\ 2.1463 \times CF\ 9709.61 \times WC\ Mult.\ 1.20 = \$25,007.68$
- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for DRG 470.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: DRG 470**

Date of Service: 01/14/2015 – 01/15/2015						
Hospital In-Patient Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 470	\$9,6477.00	\$16,133.99	\$8,873.70	N/A	\$25,007.68	<b>Reimbursed Amount – Allowed Amount = \$8,873.69 Due Provider. Refer to Analysis</b>

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