

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

August 11, 2015



IBR Case Number:	CB15-0001022	Date of Injury:	07/13/2012
Claim Number:	[REDACTED]	Application Received:	06/24/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	7/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 0520		

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]

## **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 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:

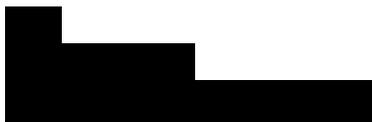
- **ISSUE IN DISPUTE:** Provider seeking additional reimbursement for DRG 520.
- Provider billed the inpatient services on a UB04 with bill type 111 for date of service 10/06/2014-10/07/2014.
- Per regulations in effect based on date of service (10/14/2014) DRG 520 was not a valid code in the OMFS Inpatient Fee Schedule.
- Title 8, CCR 9789.24 (effective 3/14/2014) does not list DRG 520.
- Based on the diagnosis, gender, age of patient, procedures performed, adopted regulations as of 3/15/2014 and date of service the services rendered are best described by DRG 491
- DRG 491: Back & neck proc exc spinal fusion w/o CC/MCC.
- Reimbursement to the Provider was based on the OMFS Inpatient Fee Schedule allowance for DRG 491 in effect on the date of service, minus a PPO discount.
- No additional reimbursement is recommended.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement is not recommended for DRG 520.

Date of Service: 10/06/2014-10/07/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 520	\$ 23606.86	\$9375.48	\$9375.48	N/A	\$9375.48	<b>DISPUTED SERVICE: See Analysis.</b> Reimbursement based on DRG 491.

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