

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 4, 2016



IBR Case Number:	CB15-0002244	Date of Injury:	01/21/2014
Claim Number:	[REDACTED]	Application Received:	12/07/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/14/2015 – 07/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 459		

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 \$868.82 in additional reimbursement for a total of \$1,063.82. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,063.82** 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

MAXIMUS FEDERAL SERVICES, INC.

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Medical Director

cc:



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
- PPO Contract
- Other: 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:** The Provider is seeking additional reimbursement inpatient services billed for dates of service 7/14/2015-7/15/2015, DRG 459.
- Claims Administrator reimbursed the Provider \$41,268.99 (97% of OMFS allowance for DRG 460).
- Contractual Agreement submitted indicates Workers' Compensation cases reimbursed at 97% of OMFS allowance.
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 12/10/2015; response not yet received.
- DRG 459: Spinal Fusion Except Cervical W MCC
- DRG 460: Spinal Fusion Except Cervical W/O MCC
- Submitted UB04 documented the following ICD-9 Diagnoses and Procedure Codes: 756.12 (Primary); 995.94; 278.02; 530.81; V45.89; V45.79; V58.69 and V15.82; Procedure codes: 81.08; 77.79; 80.51; 81.62 and 84.51.
- In review of the Medical Record, documentation did not support the ICD-9 Code 995.94 (SIRS-noninf w ac org dys (DRG) (MCC)).
- Coding ICD-9 995.94, SIRS
 - Requires three codes: First code the underlying condition, then 995.94, And then use an additional code to identify the organ failure.
- The medical record did not document organ failure, or clinical documentation of SIRS.

- The submitted medical record lacked the correct ICD-9 coding; and documentation to support diagnosis 995.94.
- Without the ICD-9 995.94, the correct DRG assignment is 460.
- Based on the submitted documentation, additional reimbursement is due for Inpatient Hospital OMFS allowance for DRG 460 (minus 3% PPO discount).

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement recommended for DRG 460.

Date of 7/14-7/15/2015							
Inpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 459 (Reimbursed as 460)	\$231,150.10	\$41,268.99	\$28,894.52	N/A	N/A	\$42,137.81	DISPUTED SERVICE: See Analysis.

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