

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 6, 2015



IBR Case Number:	CB15-0002254	Date of Injury:	08/11/1997
Claim Number:	[REDACTED]	Application Received:	12/09/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/13/2015 – 01/18/2015		
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: 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
- 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 1/13/2015-1/15/2015, DRG 459. Provider is disputing allowance for Implants.
- Contractual Agreement submitted was incomplete. The original contract was not submitted, only a 2-page Contractual Amendment.
- The SBR-1 and letter of “Notice of Secondary Bill Review Request,” indicated the Claims Administrator did not pay in accordance to submitted DRG 459. Justification for DRG 459 was submitted. The submitted appeal letter or the SBR-1 did not indicate allowance for implants was in dispute.
- The Claims Administrator issued reimbursement for an additional 25,260.47 for the DRG 459.
- Title 8 CCR Section 9792.5.7 Requesting Independent Bill Review. (a) If the provider further contests the amount of payment made by the claims administrator on a bill for medical treatment services or goods rendered on or after January 1, 2013, submitted pursuant to Labor Code sections 4603.2 or 4603.4, or bill for medical-legal expenses incurred on or after January 1, 2013, submitted pursuant to Labor Code section 4622, following the second review conducted under section 9792.5.5, the provider shall request an independent bill review.

- Disputed implant allowance was listed on the IBR application as a disputed issue, however, the implants were not indicated on the second review request appeal letter titled “Notice of Secondary Bill Review Request,” or SBR-1 to the Claims Administrator.
- Based on the submitted documentation, no additional reimbursement is due.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement not recommended for DRG 459 (implant allowance).

Date of 1/13/2015-1/18/2015							
Inpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
DRG 459	\$119,223 .34	\$61,621.56	\$11,297.98	N/A	N/A	\$61,621.56	DISPUTED SERVICE: See Analysis.

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