

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 8, 2016



IBR Case Number:	CB15-0002281	Date of Injury:	03/30/2010
Claim Number:	[REDACTED]	Application Received:	12/15/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/27/2015 – 07/29/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 460		

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
- Negotiated contracted rates: Contract Not Received
- National Correct Coding Initiatives
- 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 is seeking remuneration of DRG 460 performed on dates of service 07/27/2015 – 07/29/2015.
- Provider reimbursed code with indication on the Explanation of Review “The payment was reviewed using an existing PPO contracted arrangement.”
- CA response to Dispute Letter received dated December 30, 2015 states Bill Review services for the employer did not have a copy of the contract agreement between the two parties due to “proprietary and confidential nature of their agreement.” The Bill Review states they did contact the Claims Administrator who say the contract was applied correctly.
- Provider states “According to the contract between our facility and CA effective 03/01/15 (Exhibit F) hospital bills should be paid at the lesser of the rates set forth in Exhibit B or the California Workers’ Compensation Fee Schedule”
- Not identified in this review were Exhibit F or Exhibit B.
- Without the entire PPO contract to view, the ‘Lessor of’ fee schedule cannot be determined. Therefore, a decision in favor of the Provider cannot overturned.
- As this dispute is a contract issue, and a copy of the contract was not received for review, additional reimbursement of DRG 460 is not indicated.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of DRG 460

Date of Service: 07/27/2015 – 07/29/2015					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
DRG 460	\$143,471.22	\$44,165.24	\$1,708.03	\$0.00	Refer to Analysis

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