

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 5, 2016

██████████
██████████
██████████

IBR Case Number:	CB16-0000346	Date of Injury:	11/18/2014
Claim Number:	██████████	Application Received:	02/26/2016
Claims Administrator:	██████████		
Date(s) of service:	08/21/2015 – 09/04/2015		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	DRG 945		

Dear ██████████

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 for a total of \$195.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$195.00** 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,

Sincerely,

Paul Manchester, M.D., M.P.H.
Medical Director

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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

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 remuneration for DRG 945 for dates of service **08/21/2015 – 09/04/2015**.
- The Claims Administrator indicated reimbursement based in accordance to the “rate and rules of the contract indicated.”
- Provider states as an exempt rehabilitation hospital, reimbursement is to be paid at 100% of billed charges.
- Bill Type “111,” Hospital Inpatient,” Provider is an Acute Care **Rehabilitation Hospital**.
- **§ 9789.22.** Payment of Inpatient Hospital Services (k) the following **are exempt** from the maximum reimbursement formula set forth in Section 9789.22(a) and are **paid on a reasonable cost basis**.
 - (6) **Rehabilitation hospital** or distinct part rehabilitation units of an acute care hospital or a psychiatric hospital or distinct part psychiatric unit of an acute care hospital
- **CCR § 9792.5.7. Requesting Independent Bill Review** (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review. Issues that are not eligible for independent bill review **shall include:**
 - (1) **The determination of a reasonable fee for services** where that category of services is not covered by a fee schedule adopted by the Administrative Director **or a contract** for reimbursement rates under Labor Code section **5307.11**.

