

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 31, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000373	Date of Injury:	01/30/2013
Claim Number:	[REDACTED]	Application Received:	03/03/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/29/2015 – 07/01/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 467		

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 \$7,911.93 in additional reimbursement for a total of \$8,106.93. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$8,106.93 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
Medical Director

[REDACTED]
[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: 97% Reimbursement
- National Correct Coding Initiatives
- Other: Table 6J

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 remuneration of DRG 467 for dates of service 06/29/2015 – 07/01/2015.
- Claims Administrator down coded 467 to 468 stating in their dispute “this bill was paid at a reasonable cost basis using DRG 468. Upon review no medical records were submitted with the original bill or appeal to support DRG 467 w/ complications, therefore, the bill was paid at DG 468 without complication.”
- Provider’s medical records were identified in this review supporting diagnosis 996.47: Other mechanical complication of prosthetic joint implant.
- 996.47 is listed in Table 6J – Final Complete Complications or Comorbidities (cc).
- Provider’s billing of DRG 467, REVISION OF HIP OR KNEE REPLACEMENT W CC, is supported.
- Copy of PPO contract received shows “lesser of” language “For services rendered to occupationally ill/injured employees, in lieu of the contract rates set forth in this amendment, the amount payable under this contract shall be 97% of the amount payable under guidelines established under any State law or regulation pertaining to health care services rendered for occupationally ill/injured employees...”
- Based on documentation and coding guidelines, reimbursement of DRG 467 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of DRG 467

Date of Service: 06/29/2015 – 07/01/2015					
Inpatient Hospital					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
467	\$179,671.03	\$33,259.46	\$7,913.13	\$41,171.39	\$7,911.93 Due to Provider

[REDACTED]

[REDACTED]