

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 15, 2016



IBR Case Number:	CB16-0000752	Date of Injury:	08/26/2015
Claim Number:	[REDACTED]	Application Received:	05/05/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/26/2015 – 08/29/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 493		

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,

MAXIMUS

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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
- PPO Contract
- National Correct Coding Initiatives
- Other: OMFS 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:** Provider is requesting additional reimbursement for inpatient services billed under DRG 493.
- Provider is disputing additional reimbursement is owed based on Title 8, CCR 9789.22 (j) Transfers.
- Pursuant to 9789.22(j)(1)(B) When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the qualifying special pay DRGs as specified in the Federal Register, the payment to the transferring hospital is 50% of the amount paid under Section 9789.22(a), plus 50% of the per diem, set forth in Section 9789.22(j)(1) for each day, up to the full DRG amount. See Section 9789.25(b) for the Federal Register reference that contains the qualifying DRGs for a given discharge.
- UB04 submitted indicated a 3-day length of stay, DRG 493 and FL 17 Status Code 03 (Discharge/transferred to SNF with Medicare certification in anticipation of covered skilled care). Discharge Summary documented the following "On exam, it is deemed safe for the patient to be transferred to Summerfield skilled nursing facility today for further rehabilitation and care."
- The Claims Administrator reimbursed the Provider based on the 9789.22(j)(1)(B): 25,238.68 9789.22(a) allowance.  $25,238.68 / 4$  (average LOS) = 6309.67
  - $25,238.68 * 50\% = 12619.34$
  - $6309.67 * 50\% = 3,154.84 * 3 = 9464.51$
  - $12619.34 + 9464.51 = 22083.85$  (Reimbursement from Claims Administrator)

- No additional reimbursement is recommended.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Additional reimbursement not recommended.

<b>Date of Service</b> 8/26/2015-8/29/2015							
<b>Inpatient Hospital Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>		<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
DRG 493	\$168701.19	\$22,083.85	\$3200.23		N/A	\$22,083.85	<b>DISPUTED SERVICE:</b> See Analysis.

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