

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 11, 2016

[Redacted]

IBR Case Number:	CB16-0000834	Date of Injury:	11/20/2015
Claim Number:	[Redacted]	Application Received:	05/17/2016
Claims Administrator:	[Redacted]		
Assignment Date	6/22/2016		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	DRG 500		

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

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
- 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 500.
- Claims Administrator reimbursed the Provider \$28,393.65, with the following explanation: the DRG submitted is not correct for the workers' compensation services billed. Allowance recommended for more appropriate DRG.
- The document submitted did not substantiate the billed ICD-10 codes submitted on the UB04.
- Provider submitted two operative reports, and discharge summary.
- The Major Complications or Co-morbidities, and other ICD-10 diagnoses could not be validated on the submitted documents.
- Without the pertinent documentation to validate all billed ICD-10 codes, IBR could not validate the billed DRG code 500.
- No additional reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement not recommended.

Date of Service 11/20/15-11/23/2015							
Inpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount		Multiple Surgery	Workers' Comp Allowed Amt.	Notes
DRG 500	289,841.92	28,393.65	11,234.59		N/A	28,393.65	DISPUTED SERVICE: See Analysis.

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