

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 20, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB16-0000877 | Date of Injury: | 10/27/1997 |
| Claim Number: | [Redacted] | Application Received: | 05/26/2016 |
| Claims Administrator: | [Redacted] | | |
| Date(s) of service: | 10/27/2015 – 10/29/2015 | | |
| Provider Name: | [Redacted] | | |
| Employee Name: | [Redacted] | | |
| Disputed Codes: | DRG 470 | | |

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 \$14,533.70 in additional reimbursement for a total of \$14,728.70. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$14,728.70 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,

Maximus

cc: [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: Contractual Agreement
- National Correct Coding Initiatives

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 470 performed on dates of service 10/27/2015 – 10/29/2015
- Claims Administrator reimbursed \$2,400.00 based on “the rate and rules of the contract indicated.” Claims Administrator states “The per diem rate is much lesser than the DRG 470 FS on this case therefore the per diem rate was applied.”
- A copy of the PPO contractual agreement was submitted for review. Fourth Amendment to the Agreement Between [REDACTED] and [REDACTED] effective September 1, 2008 Attachment A-2 states: “Reimbursement for both Inpatient and Outpatient service, including all exclusions and stop loss calculations, provided to **Workers’ Compensation** patients shall not exceed 100% of the state mandated fee schedule in force at the time of treatment.”
- **§ 9792.5.4 Second Review and Independent Bill Review:**
 - (a) “**Amount of payment**” means the amount of money paid by the claims administrator for either:
 - (1) Medical treatment services or goods rendered by a provider or goods supplied in accordance with Labor Code section 4600 that were authorized by Labor Code section 4610, and for which there exists an applicable fee schedule adopted by the Administrative Director for those categories of goods and services, including but not

