
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 21, 2016

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

IBR Case Number:	CB16-0000879	Date of Injury:	12/26/2011
Claim Number:	[REDACTED]	Application Received:	05/26/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	02/25/2016 – 02/29/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 455		

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 \$55,465.51 in additional reimbursement for a total of \$55,660.51. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$55,660.51 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 455 performed on dates of service 02/25/2016 – 02/29/2016
- Claims Administrator reimbursement rationale: “This charge was adjusted to comply with the rate and rules of the contract indicated.”
- PPO contract received states “lessor of” PCS rate or OMFS.
- **§ 9792.5.7 Requesting Independent Bill Review:**
 - (a) If the provider further contests the amount of payment made by the claims administrator on a bill for medical treatment services or goods rendered on or after January 1, 2013, submitted pursuant to Labor Code sections 4603.2 or 4603.4, or bill for medical-legal expenses incurred on or after January 1, 2013, submitted pursuant to Labor Code section 4622, following the second review conducted under section 9792.5.5, the provider shall request an independent bill review. Unless consolidated under section 9792.5.12, a request for independent bill review shall only resolve:
 - (1) For a bill for medical treatment services or goods, a dispute over the **amount of payment** for services or goods billed by a single provider involving one injured employee, one claims administrator, and either one date of service and one billing code or one hospital stay, under the applicable fee schedule adopted by the Administrative Director or, if applicable, **under a contract for reimbursement rates under Labor Code section 5307.11 covering one range of effective dates.**

- Based on aforementioned guidelines and contractual agreement, additional reimbursement of DRG 455 is warranted.
- Claims Administrator's communication received, after this dispute was filed, states additional reimbursement in the amount of \$55,465.51 plus IBR application fee of \$195.00 is being made to the Provider. If Provider has received payment in full, no further reimbursement is owed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code DRG 455

Date of Service: 02/25/2016 – 02/29/2016					
Inpatient Services					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
455	\$94,874.74	\$11,475.13	\$55,465.51	\$66,940.64	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]