

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 25, 2016

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB16-0000139	Date of Injury:	08/20/2014
Claim Number:	[Redacted]	Application Received:	02/02/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	09/21/2015 – 09/22/2015		
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 \$7,831.48 in additional reimbursement for a total of \$8,026.48. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$8,026.48 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

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: 90% PPO Reimbursement
- 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 for DRG 470 according to the contract agreement.
- Claims Administrator reimbursement rationale “charge was adjusted to comply with the rate and rules of the contract indicated”
- A copy of PPO contract received. Amendment to the Contract effective April 1, 2011 and signed by Provider and Claims Administrator states: “The amount payable under the terms of this Contract shall be the lesser of the Contract rate or billed charges. The amount payable for health care services rendered to occupationally ill/injured employees shall be for inpatient Services, the lesser of ninety-five percent (95%) of the amount payable under guidelines established under State law or regulation.”
- §9789.22: the maximum payment for inpatient medical services shall be determined by multiplying 1.20 by the product of the hospital’s composite factor and the applicable DRG weight and by making any adjustments required by this fee schedule.
- Based on guidelines per inpatient reimbursement fee schedule and contract submitted, additional reimbursement for DRG 470 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of DRG 470

<b>Date of Service:</b> 09/21/2015 – 09/22/2015					
<b>Inpatient Services</b>					
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
DR 470	\$102,901.18	\$18,661.49	\$7,964.27	\$26,492.97	\$7,831.48 Due to Provider

[REDACTED]

[REDACTED]