

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 2, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000172	Date of Injury:	04/23/2014
Claim Number:	[REDACTED]	Application Received:	02/04/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/23/2015 – 09/25/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	DRG 460		

[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 \$30,146.81 in additional reimbursement for a total of \$30,341.81. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$30,341.81 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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Outpatient 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 seeking remuneration for DRG 460 for inpatient services on 09/23/2015 – 09/25/2015.**
- Claims Administrator reimbursement rational: “this charge was adjusted to comply with the rate and rules of the contract indicated.”
- PPO Contract received states : “Inpatient & Outpatient Rates: For Workers’ Compensation: Reimbursement for a compensable workers’ compensation claim for all inpatient and outpatient covered services shall be the lesser of 125% of the current Medicare fee schedule, or 95% of any maximum allowable rate as specified by state or federal law based on workers compensation in-patient and out-patient fee schedules; or 75% of submitted billed charges”
- Per calculations from contract above, “lesser of” calculated is based on 125% Medicare fee schedule.
- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for DRG 460.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of DRG 460**

<b>Date of Service: 09/23/2015 – 09/25/2015</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>
DRG 460	\$53,723.84	\$5,200.00	\$30,146.81	\$35,346.81	<b>\$30,146.81 Due to Provider</b>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]