

**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 6, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0000187	Date of Injury:	05/09/2014
Claim Number:	[REDACTED]	Application Received:	02/06/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	05/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Rev Codes: 0250, 0258, 0278, 0305, 0312, 0360, 0370, 0636 & 0710		

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 \$14,515.43 in additional reimbursement for a total of \$14,710.43. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$14,710.43 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]

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**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 contractual reimbursement for Revenue Codes: 250, 258, 278, 305, 312, 360, 370, 636 and 710 performed 7/08/2014.**
- Claims Administrator reimbursement rationale: “This analysis was prepared utilizing the medical fee guidelines for services rendered and your contract with (Name of PPO).”
- UB-04, Bill Type 131, Rev Codes: 250, 258, 278, 305, 312, 360, 370, 636 and 710 on 7/08/2014.
- Provider submitted copy of PPO contract for review. Dispute or additional PPO contract documentation was not received from the Claims Administrator.

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- Contractual Agreement states the following regarding “occupationally ill/injured employees”: In the case of Outpatient Services rendered to occupationally ill/injured employees, the reimbursement shall be the contract rate (10% discount form billed charges). It is noted that the In-patient contractual agreement is “payable under guidelines established under any state law...” However, the contract clearly indicates “10 %” of billed charges are reimbursable for Outpatient Services.
- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for the outpatient services rendered on 7/08/2014.

**DETERMINATION OF ISSUE IN DISPUTE:** Recommended reimbursement of disputed revenue codes 250, 258, 278, 305, 312, 360, 370, 636 and 710.

Date of Service: 7/8/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
Revenue Codes: 250, 258, 278, 305, 312, 360, 370, 636 and 710	\$ 19,866.06	\$ 3,363.97	\$ 14,515.48	N/A	\$ 17,879.40	<b>DISPUTED SERVICE:</b> See Analysis. Additional Reimbursement of \$14,515.43 recommended

Copy to:

[Redacted]

Copy to:

[Redacted]