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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 15, 2016

[redacted]

IBR Case Number:	CB16-0000414	Date of Injury:	11/13/2012
Claim Number:	[redacted]	Application Received:	03/11/2016
Claims Administrator:	[redacted]		
Date(s) of service:	01/03/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	Rev Codes 0250 x 2, 0271; CPT/HCPCS Codes 96374-59, 96375-59, L1830, 80048, 82550, 82553, 84484, 85027, 85610, 73030-RT, 73110-RT, 73560-RT, 71010, 70450, 72125, 29125-RT, 99285-25, J2270, J2405, 93005, G0378		

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 $16,568.68 in additional reimbursement for a total of $16,763.68. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $16,763.68 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

[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)
- PPO Contract Agreement

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 additional reimbursement for outpatient services rendered on 01/03/20105.**
- Provider billed the outpatient services on a UB04 with bill type 131.
- Provider is disputing services were reimbursed based on the PPO contract.
- Claims Administrator reimbursed the Provider $1,210.39, with the following rational "The charge exceeds the APC rate for this service."
- Per the submitted contract, "Notwithstanding the contract rates contained herein, in the case of inpatient services rendered to occupational ill/injured employees, the reimbursement shall be 100% of the amount payable under guidelines established under any state law or regulation pertaining to occupationally ill/injured employees. In the case of outpatient services rendered to occupationally ill/injured employees, the reimbursement shall be the contract rate shown above." **Contract lists Outpatient Services rate as: 10% discount from billed charges.**
- § 5307.11: A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed

pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to **Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.**

- Opportunity for Claims Administrator to Dispute sent on 3/24/2016. A response from Claims Administrator not received for this review.
- Based on the above mentioned rules and guidelines additional reimbursement is recommended for the outpatient services based on the submitted PPO Contract.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of codes: Rev Codes 0250 x 2, 0271; CPT/HCPCS Codes 96374-59, 96375-59, L1830, 80048, 82550, 82553, 84484, 85027, 85610, 73030-RT, 73110-RT, 73560-RT, 71010, 70450, 72125, 29125-RT, 99285-25, J2270, J2405, 93005, G0378

Date of Service: 01/03/20105					
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Workers' Comp Allowed Amt.**	**Notes**
Billed Services	$19,754.52	$1,210.39	$16,568.68	$17,779.07	$16,568.68 Due to Provider

[redacted]

[redacted]

[redacted]