MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 7, 2016

[redacted]

IBR Case Number:	CB16-0000438	Date of Injury:	08/24/2015
Claim Number:	[redacted]	Application Received:	03/02/2016
Claims Administrator:	[redacted]		
Date(s) of service:	08/25/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	Rev Codes 0250, 0258, HCPCS/CPT 96372, 80048, 85027, 71010, G8980, 97530, G8990, G8991, G8992, 97003, 94760, J1650		

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 $1,980.77 in additional reimbursement for a total of $2,175.77. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$2,175.77** 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]

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:

- **Provider seeking contractual outpatient hospital reimbursement for billed codes performed on 08/25/2015.**
- Claims Administrator reimbursement rational: "The charge exceeds the Official Medical Fee Schedule Allowance," and "contract rate."
- UB-04, Bill Type 131, Rev Codes 0250, 0258, HCPCS/CPT 96372, 80048, 85027, 71010, G8980, 97530, G8990, G8991, G8992, 97003, 94760, J1650
- **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.
- **Pursuant to LC § 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.

- **§ 9792.5.7 (b)** Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability or the applicability of a contract for reimbursement rates under Labor Code shall be resolved before seeking independent bill review.
- Opportunity to dispute letter communicated to the Claims Administrator 3/17/2016, to date no response received.
- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for billed codes **performed on 8/25/2015.**

DETERMINATION OF ISSUE IN DISPUTE: Outpatient Hospital Services

Date of Service 08/25/2015					
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Workers' Comp Allowed Amt.**	**Notes**
Billed Services for 08/25/2015	$2,401.52	$180.60	$1,980.79	$2,161.37	**Refer to Analysis Additional reimbursement of $1,980.77 due to Provider**

[redacted]

[redacted]

[redacted]

[redacted]