

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 25, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000526	Date of Injury:	01/17/2015
Claim Number:	[Redacted]	Application Received:	04/01/2016
Assignment Date:	04/20/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	03/06/2015 – 03/06/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	Rev Code 0250 x 3, 0370, 0710, CPT/HCPCS Code 27758-LT, 20670, 94640, J0690, J1170, J2060, J2405, and J3010		

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 \$12,802.95 in additional reimbursement for a total of \$12,997.85. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$12,997.95** 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, M.D., M.P.H.
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
- OMFS

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 remuneration for Rev Code 0250 x 3, 0370, 0710, CPT/HCPCS Code 27758-LT, 20670, 94640, J0690, J1170, J2060, J2405, and J3010 performed on 03/06/2015.**
- EOR's indicate the following: "PF7 Reimbursement for this bill is to be the contract rate."
 - **2nd EOR Control # 109653, submitted by Provider indicates additional payment of \$42,304.75**
 - Initial EOR reimbursement total: \$13,517.05
 - Subsequent EOR reimbursement total: \$42,304.75
 - Total Reimbursement to Date: \$55,821.80
- **Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/14/2016; response not yet received.**
- 2003 "Amendment to Contract" indicates a "10% discount from billed charges," to **include "Outpatient Services rendered to occupationally ill/injured employees..."**
- The Claims Administrator's response regarding dispute not yet received, as such, the contractual provision indicating '10% discount from billed charges,' is considered applicable and is further supported by the reimbursement rational on **EOR.**
- Contractual Agreement refers to "state law or regulation" in the determination of reimbursement for Inpatients Services. However, these provisions are not dictated for Outpatient Services in the 2003 'Amendment to Contract.'" It is noted that the 1992 Contract Rate, "Appendix A," does indicate Outpatient Services pursuant to guidelines applicable to State law or regulation" pertaining to occupationally ill/injured employees. This 1992 provision was preplaced with the aforementioned 2003 Amendment, rendering the 1992 provision obsolete.
- **CCR § 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.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for submitted Rev Code 0250 x 3, 0370, 0710, CPT/HCPCS Code 27758-LT, 20670, 94640, J0690, J1170, J2060, J2405, and J3010**

The table on page 4 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Rev Code 0250 x 3, 0370, 0710,
CPT/HCPCS Code 27758-LT, 20670, 94640, J0690, J1170, J2060, J2405, and J3010**

Date of Service: 03/06/2015 HOPPS, ASC					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
Rev Code 0250 x 3, 0370, 0710, CPT/HCPCS Code 27758-LT, 20670, 94640, J0690, J1170, J2060, J2405, and J3010	\$76,249.72	\$68,624.75	\$12,802.95	\$68,624.75	\$12,802.95 Due Provider Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]