

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 4, 2016

[Redacted]

IBR Case Number:	CB16-0000557	Date of Injury:	11/18/2013
Claim Number:	[Redacted]	Application Received:	04/07/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	10/05/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	63081, 63082, 63082, 22554, 22585, 22846, 22851, 22851, 76001 and 95925		

[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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives
- Other: Labor Code 4616-4616.7

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 of billed codes 63081, 63082, 63082, 22554, 22585, 22846, 22851, 22851, 76001 and 95925 for date of service 10/05/2015.
- Notification from Claims Administrator dated February 2, 2016 states “Services not provided or authorized by designated (network/primary care) providers” for services on 10/05/2015.
- Provider billed codes on a CMS 1500 form showing box #32 as Monrovia Memorial Hospital 323 S Heliotrope Ave, Monrovia, CA 91016. Box #33 showing Billing Provider address as: PO Box 2060, Santa Monica, CA 90406-2060.
- Provider submitted documentation with MPN information showing Provider is in the network for one address: 9033 Wilshire Blvd Ste 401, Beverly Hills, CA 90211. MPN document explicitly states: **“In accordance with LC 4616, providers listed in the Medical Provider Network are in-network providers at the listed locations only and no other”**
- **Labor Code sections 4616** et seq. sets forth that medical provide networks must include certain specific requirements. It is necessary to require a MPN applicant to set forth its MPN plan in an application so that the Administrative Director may review the application to determine if the applicant’s medical provider network complies with the mandates of the Labor Code, including providing adequate

numbers and types of physicians, being able to treat injuries in a timely manner, and having medical treatment readily available at reasonable times to all employees.

- Notification of Authorization dated September 03, 2015 identified in review for C3-C4, C4-C5 Anterior Cervical Discectomy and Fusion addressed to Provider as “medically necessary”
- Authorization does not indicate place of service.
- RFA not submitted for review; unable to identify Monrovia Hospital as place of service for procedure.
- Contractual Agreement was not received for review. Without a contract agreement, IBR is also unable to verify if Monrovia is an approved facility by the Claims Administrator.
- **Administrative Rules Article 5.5.0. § 9792.5.7.** Requesting Independent Bill Review (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 section 5307.11 shall be resolved before seeking independent bill review
- Based on regulations, reimbursement of disputed claim for date of service 10/05/2015 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 63081, 63082, 63082, 22554, 22585, 22846, 22851, 22851, 76001 and 95925

Date of Service: 10/05/2015				
Physician Services				
Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
\$34,866.00	\$0.00	\$34,866.00	\$0.00	Refer to Analysis

[REDACTED]

[REDACTED]