

DWC 22nd Annual Educational Conference: Independent Bill Review (IBR) and Lien Filings

Katy Lind Evelyn, RN, MS
Nurse Consultant, Medical Unit

Mark Fudem
Associate Chief Judge

George Parisotto,
Acting Chief Counsel

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Prerequisites to requesting IBR

Initial bill review by the
Claims Administrator
Explanation of Review
(EOR) provides reasons for
the rejection or reduction of
the bill



Mandatory second review
requested by the provider with
additional information.

- DWC Form SBR-1 or standard modified bill
- Second Explanation of Review
- Request within 90 days of first EOR

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State of California
 Division of Workers' Compensation
 Provider's Request for Second Bill Review
 California Code of Regulations, Title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical services or goods, or medical legal services, provided to the injured employee.

Employee Information						
Employee Name (Last, First, Middle):						
Date of Birth (MM/DD/YYYY):			Claim Number:			
Date of Injury (MM/DD/YYYY):			Employer Name:			
Provider Information						
Provider Name:			Contact Name:			
Address:						
Phone:			Fax Number:			
Email Address:			NPI Number:			
Claims Administrator Information						
Claims Administrator Name:			Contact Name:			
Address:						
Phone:			Fax Number:			
Bill Information						
Provider's or Claims Administrator's Bill Identification Number (if any):						
Date Explanation of Review Received by Provider:						
List of disputed services or goods (attach additional pages if necessary):						
Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Requesting Second Bill Review and Description of Supporting Documentation:						
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Requesting Second Bill Review and Description of Supporting Documentation:						
Provider Signature:			Date:			

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What is IBR?

Process to resolve disputes regarding the amounts paid for medical services in workers' comp system

Provided by 

Electronic or paper applications

<http://www.dir.ca.gov/dwc/ibr.htm>; 8 CCR section 9792.5.0 et seq.

IBR: Who and What?



- Must use the AD form (DWC Form IBR-1)
- Provider must pay a fee (\$250)
- Reimbursed by claims administrator if provider prevails
- May request consolidation of separate requests

State of California
Division of Workers' Compensation
Request for Independent Bill Review
California Code of Regulations, title 1, section 9722.5.4

Employee Information	
Employee Name (Last, First, Middle):	Claim Number:
Date of Injury (MM/DD/YYYY):	Employer Name:
Date of Birth (MM/DD/YYYY):	
Provider Information	
Provider Name:	Contact Name:
Address:	
Phone:	Fax Number:
E-mail Address:	NPI Number:
Provider Type: <input type="checkbox"/> Ambulance <input type="checkbox"/> Clinical Laboratory <input type="checkbox"/> DMEPOS Supplier <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Interpreter <input type="checkbox"/> Ambulatory Surgical Center <input type="checkbox"/> Pharmacy <input type="checkbox"/> Qualified Medical Evaluator <input type="checkbox"/> Agreed Medical Evaluator <input type="checkbox"/> Treating Physician <input type="checkbox"/> Other Practitioner - specify: _____	
Provider Specialty:	
Claims Administrator Information	
Claims Administrator Name:	Contact Name:
Address:	
Phone:	Fax Number:
E-mail Address:	
Bill Information	
Applicable Fee Schedule(s): <input type="checkbox"/> Physician Services <input type="checkbox"/> Inpatient Hospital Services <input type="checkbox"/> Hospital Outpatient Departments and Ambulatory Surgical Centers <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Pathology and Laboratory Services <input type="checkbox"/> DMEPOS <input type="checkbox"/> Ambulance Services <input type="checkbox"/> Medical Legal Fee Schedule <input type="checkbox"/> Interpreter <input type="checkbox"/> Other - specify: _____ Or: <input type="checkbox"/> Conducted for Business General Rates	
Date of Second Bill Review Decision (MM/DD/YYYY):	Was Billed Service Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Service (MM/DD/YYYY):	
Service/Good Code in Dispute (include modifier, if any):	Amount Paid:
Amount Billed:	Amount in Dispute:
Reason for Disputing Reduction or Denial of Full Payment:	
Consolidation	
Should the Request be Consolidated with Other Disputed Billed Services or Goods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Consolidation:	
Disputed Service/Good to be Consolidated (list all, use attachment if necessary):	
Date of Service (MM/DD/YYYY):	
Service/Good Code in Dispute (include modifier, if any):	Amount Paid:
Amount Billed:	Amount in Dispute:
Reason for Disputing Reduction or Denial of Full Payment:	
Documents to Accompany Request (Must be Indexed and Separated)	
The original billing determination and original supporting documentation.	
The explanation of review provided in response to the original billing.	
The request for a second bill review and original documentation supporting second review.	
The explanation of review provided in response to the second bill review request.	
If applicable, the relevant contract provisions for reimbursement rates.	
Provider Signature:	Date:

If mailed, send to: DWC-IBR c/o Business Federal Services, Inc., 625 Cowbridge Drive, Suite 100, Folsom, CA 95630. Concurrence send a copy of this request to the Claims Administrator.

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IBR Application

Documents that must be provided

- ✓ Completed and signed form
- ✓ Copies of the original itemized bill
- ✓ Supporting documents furnished with original bill
- ✓ Explanation of review (EOR)
- ✓ Request for second review and supporting documentation submitted with that request
- ✓ Final explanation of the second review.

Labor Code Section 4603.6. (b)

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IBR: Costs Reduced

IBR	2013 (\$)	Current (\$)
Completed	335	250
Terminated	65	50



Patient: 01608034780
 Claim Number:
 Date Claim Received: 06/09/10

DATE(S) OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	
05/21/10-05/21/10	94010	PULM.
05/21/10-05/21/10	94375	PULM.
05/21/10-05/21/10	93060	CARDIOVASCULAR SERV
05/21/10-05/21/10	96410	VENIPUNCTURE
		Total:

Consolidation

Combining two or more disputes at the time IBR is filed

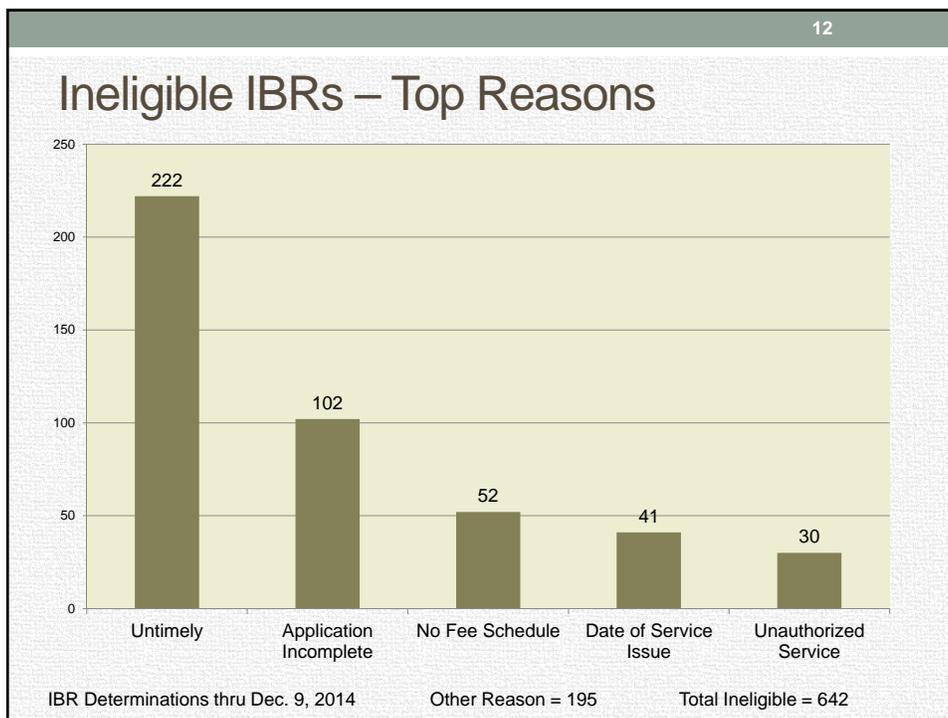
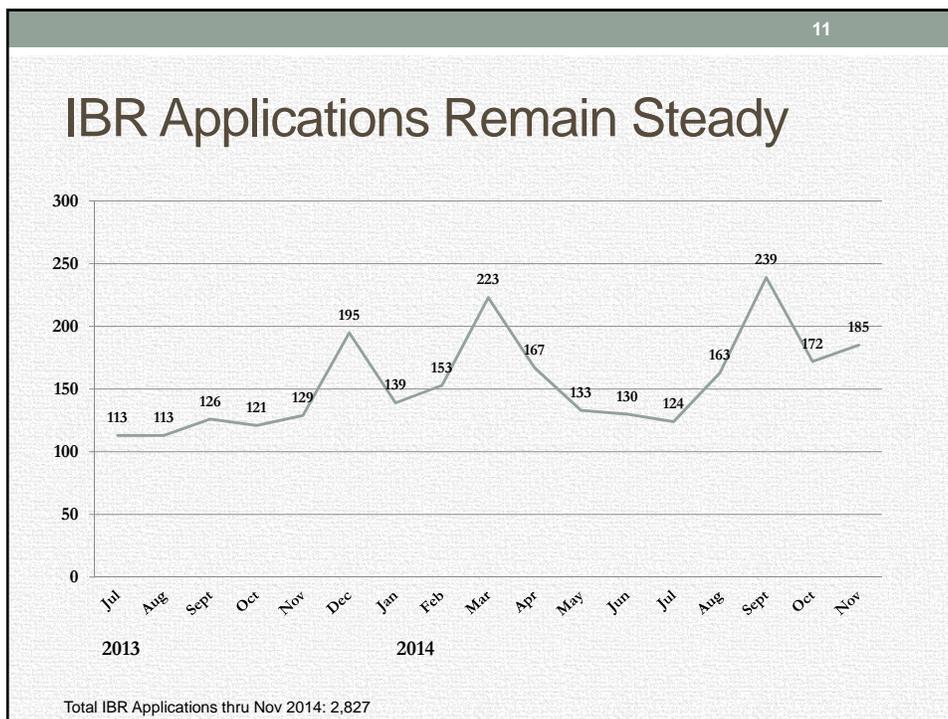
Various criteria and limitations

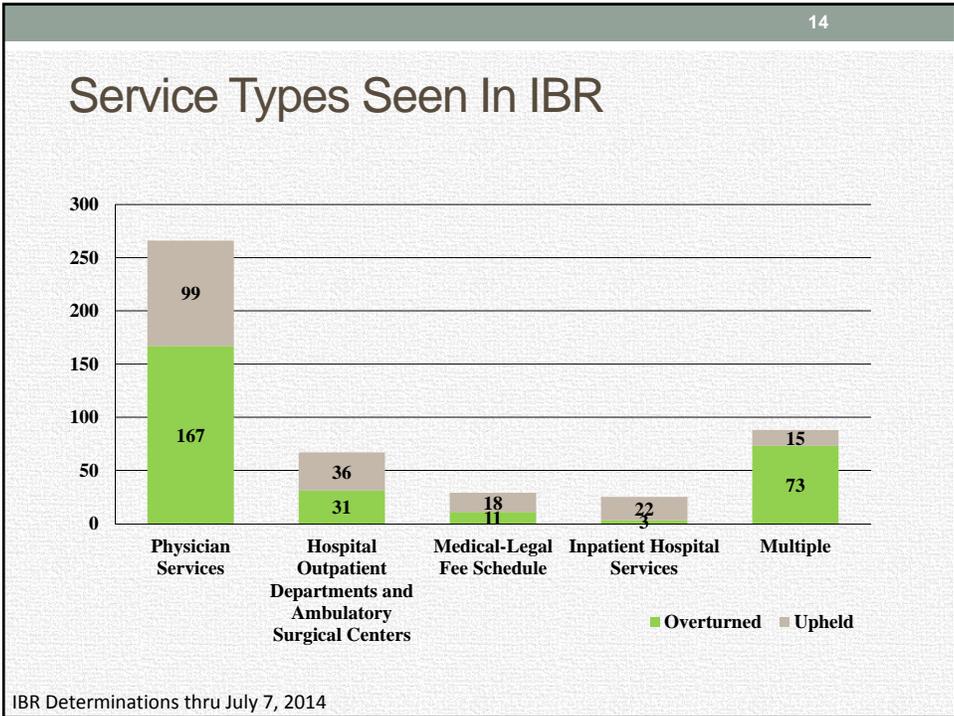
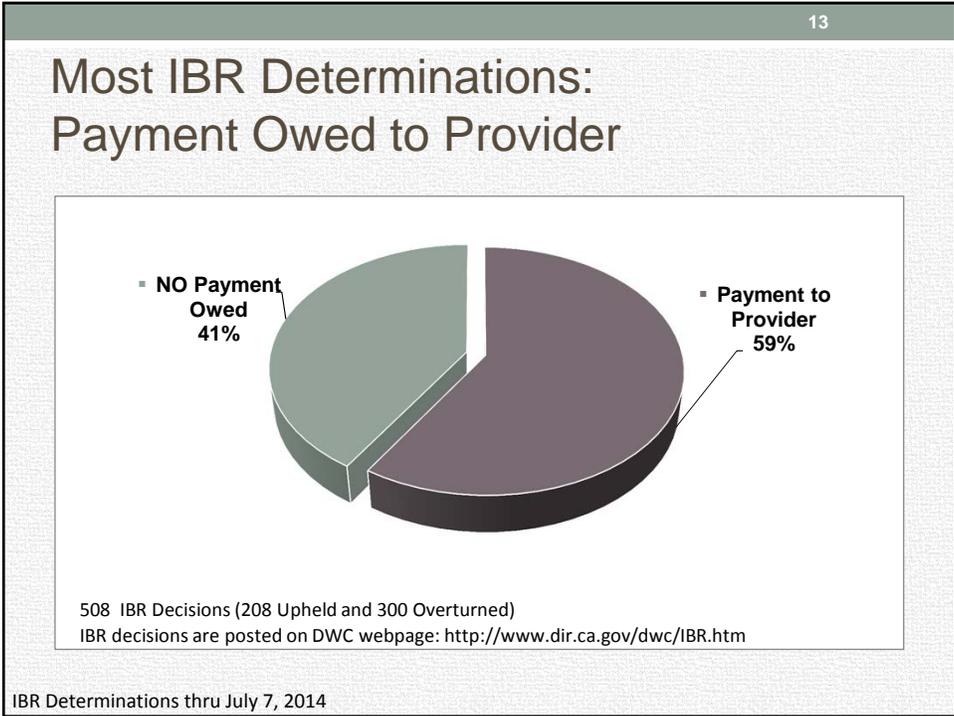
- Single Provider
- Service date
- Good cause— patterns of underpayment
- Dollar limit on some types of consolidation

DWC Website Independent Bill Review <http://www.dir.ca.gov/dwc/ibr.htm>

IBR

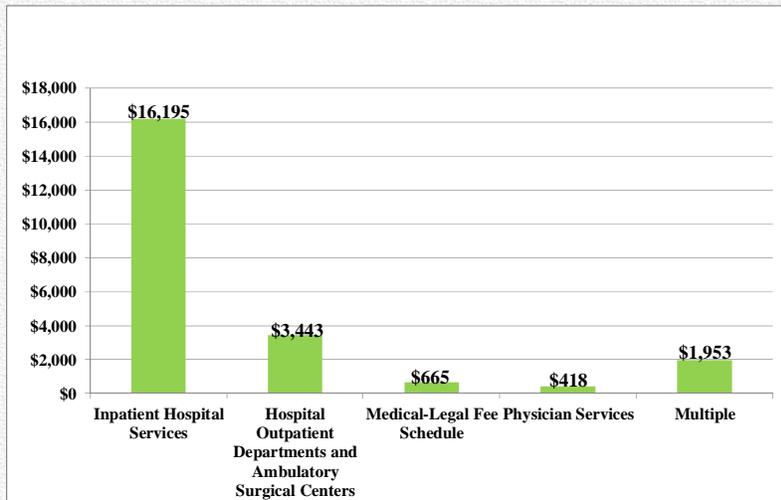
Preliminary Data & Tips for Success





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Amounts Paid To Providers in IBR



Paid to Date for All Services Total = \$385,360. Average = \$2,308 per IBR

IBR Determinations thru July 7, 2014

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IBR Tips for Providers

Follow billing regulations

- Bill only allowable amounts
- Submit rejected claims for second review
- Retain documentation

Submit IBR applications online *after* second review

- With all documentation
- Separate and label type of documents
- Respond promptly if contacted

Use posted IBR determinations as learning tool

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IBR Appeals

- ✓ An IBR Final Determination is binding absent an appeal.
- ✓ Verified petition to WCAB: 8 C.C.R. section 10957.
- ✓ 20 day filing deadline.
- ✓ Limited grounds for appeal.
- ✓ If determination reversed, case returned to IBRO for review by different reviewer.

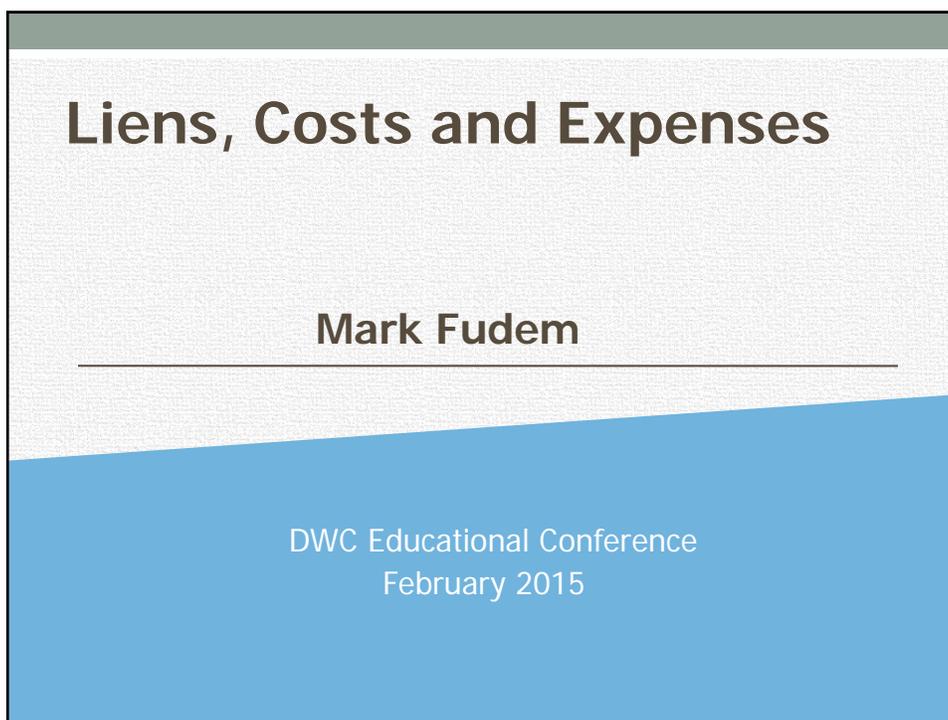
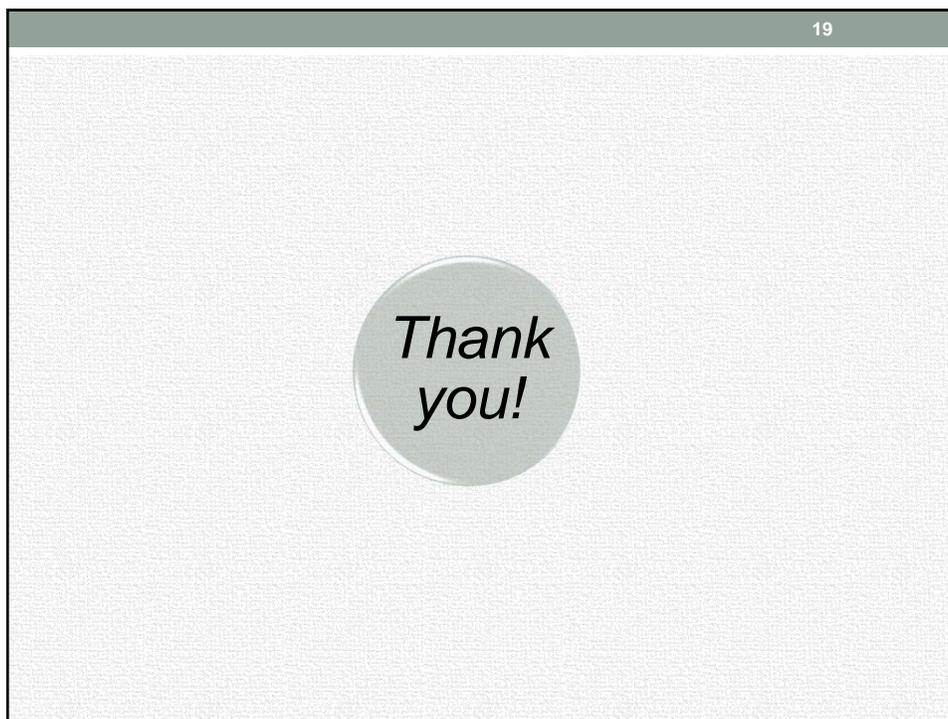
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Resources for IBR Assistance

IBRhelp@maximus.com

DIRDWCIBR@dir.ca.gov

<http://www.dir.ca.gov/dwc/ibr.htm>



EAMS and Lien Filing

Topics

- ❖ Injunctions of lien fees
 - ❖ Work Comp Expenses
 - Med treatment liens v. other liens
 - Petitions for Costs
 - Medical-Legal Expenses
- ❖ Electronic filing and Fees
- ❖ Fee Reimbursement etc.
- ❖ EAMS

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INJUNCTIONS

Angelotti Chiro v. Baker, US Dist Ct, CV13-1139-GW(JEMx)

- Preliminarily enjoins the collection of activation fees starting 11/19/2013:
- Stop collecting the \$100.00
- Stop asking for Proof of Payment at Lien conf and dismissing for failure to pay
- Stop enforcing implementation Regs
- No Dismissal of pre-1/1/2013 liens for non-payment on 1/2/2014

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**Angelotti Chiro v. Baker, US Dist Ct,
11/12/2013 Judge Wu**

Does not affect \$150.00 filing fee

Does not discuss refund of previously
collected fees

Oral Argument November 18, 2014

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Kancilia v. Brown, et al USDC SDO and Sup Ct

Chorn v. Brown, et al USDC LAO and Sup Ct

on hold pending Angelotti

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WORK COMP EXPENSES

- Medical Treatment Liens v. Other Liens
- Petitions for Costs
- Medical- Legal Expenses

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Liens:

All 9 types in LC 4903

- (a) reasonable atty fee payable out of compensation
- (b) \$\$ reasonable medical treatment expense includes Interpreter at treatment records ordered by treater

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- (c) living expenses
- (d) burial expenses
- (e) spouse or child support
- (f) EDD State Disability
- (g) EDD unemployment
- (h) EDD family disability benefits
- (i) Victims of crimes indemnification

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Which liens pay a fee:

\$\$ Medical treatment liens

Unless exempt or

Unless subject to IMR or IBR

\$\$ Claims of costs filed as liens

\$\$ Medical- legal expenses, unless IBR

All fees are paid electronically

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What liens are exempt from fees?

listed exempt liens for medical treatment
LC4903.05(c) and 4903.06(b)

The 5 types are:

Health care service plan

under H & S 1349

Group disability insurer

under Ins 10270.5

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Self-insured employee welfare
benefit plan under Ins 10121

Taft-Hartley health and welfare fund

Publicly funded program
providing med benefits
on a nonindustrial basis

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Costs (not a lien):

LC 5710 depo atty fees

LC 5811 costs. eg: interpreter bills
at App depo and Hearings

LC 4600 med treatment benes owed
to App. eg: transp, meals,
lodging, TD for lost wages

WCAB Reg 10301(h)

File Pet for Costs

WCAB Reg 10451.3

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Which expenses do not pay a fee

**Petitions for costs
do not owe fees**

eg.: LC 5710 depo atty fees

Limited LC 5811 costs... Interpreter bills
for depo and hearing

LC 4600 Med treatment benefits to App...
transp expenses

WCAB Reg 10301(h)

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What if you file a Cost on a lien form?

Filing a cost on the lien form is a
'claim of costs filed as a lien'
therefore owes a filing fee
(if still required)

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Medical-legal expenses

- Interpreter for AME/QME,
- AME/QME,
- Medical records/Copy Service
are costs, BUT

Petitions for these costs are not permitted
WCAB Reg 10301(h)

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Medical-Legal Expenses: file for

- IBR
- Pet to Determine Non-IBR Med-Leg Exp.
- Petition Enforce IBR
- Petition to Appeal IBR

If none are appropriate, then file a 'claim of costs filed as a lien' on a lien form and pay a fee (if still required)

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SUMMARY, Which liens pay a fee:

\$\$ Medical treatment liens

Unless exempt or

Unless subject to IMR or IBR

\$\$ Claims of costs filed as liens

\$\$ Medical- legal expenses, unless IBR

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Electronic Filing and Fees

Which liens must file electronically?

LC4903.05(b)

- Liens for medical treatment
even if exempt from fees
- Claims of costs filed as liens
- Medical-legal expenses going forward,
unless IBR

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Filing fee \$150.00 :

for med treatment liens and
claims of costs filed as liens
filed after 1/1/2013

Also medical-legal expenses

Pay at time lien is filed
electronically paid and filed

Fail to Pay \$150.00 filing fee:

Lien is invalid

Filing without payment
does not extend or preserve
the time limit for lien filing

LC4903.05(c)(1)(2)

Activation fee \$100.00:

**for med treatment liens and
claims of costs filed as liens
filed before 1/1/2013**

Also medical-legal expenses_

Pay after lien is filed

Pay electronically

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Fail to Payment \$100.00 activation fee:

Must prove payment by earliest of

1. file DOR for lien conf

2. appear at lien conf

or

3. by 1/1/2014

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Activation fee paid by earliest of:

1. With the lien conf DOR,

Lien Claimant must prove Payment

LC4903.06(a)(2)

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Activation fee paid by earliest of:

2. Prior to scheduled the lien conf,

Lien claimant of record shall bring
proof of activation payment

Otherwise lien shall be dismissed
with prejudice

LC4903.06(a)(4)

Figueroa v. Employers Comp Ins

78 CCC 439 *en banc*

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Activation fee by earliest of:

3. By 1/1/2014,

**Non-exempt med treatment lien or
claim of cost filed as a lien
filed before 1/1/2013**

**and no payment has been made or
no payment proof is available**

Also medical-legal expenses

Is Dismissed by Operation of Law

LC4903.06(a)(5)

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Fee Reimbursement by defendant:**1st method**

1. Clear inclusive demand 30+ days before DOR or lien conf
2. Defendant fails to accept demand in writing within 20 days, and
3. Net award is > or = to demand

Judge orders reimbursement

LC4903.07(a)

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Fee Reimbursement by defendant:**2nd method**

The parties agree to reimburse fee as part of lien dispute resolution

Judge can order reimbursement

LC4903.07(b)

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No double fee required if med treatment

is the same service
by the same provider
for the same injured worker.

DWC Reg 10208(a)

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Med Treatment Lien Statute/Limitations:

Services before 1/1/2013, file lien within 3
years of last date of service provided.

Services after 1/1/2013, file lien within 18
months of last date of service provided.

Different for exempt liens.

LC 4903.5(a)

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How to file: EAMS eforms

Apply on website & 3 hour webinar

Fill out forms on line

Petitions or liens

Lien includes payment option

Pay and submit

See lien next day

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How to file: EAMS Jet

Most people use a vendor

Liens. No Petitions yet

Provide info and payment info

See lien in a few hours

Can activate by Jet

Thank You