

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 1, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>IBR Case Number:</b>	CB14-0001737	<b>Date of Injury:</b>	08/11/2014
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	11/11/2014
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	01/15/2015
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	J7120, J7120, 96365-59, J0330, J0690, J0690, J2001, J2175, J2405, J2765, J0690, J1170 and G037		

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: 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, 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

## 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 under contractual rates for J7120, J7120, 96365-59, J0330, J0690, J0690, J2001, J2175, J2405, J2765, J0690, J1170 and G0378 provided to Injured Worker 08/11/2014 - 08/12/2014.**
- The Claims Administrator denied services based on the following rationale: “Allowance included in another service.”
- UB-04 reflects Hospital Outpatient service “131.”
- All services reflected on UB-04 entered into the OPPS payment system.
- OPPS payment system specifies the following services are considered “packaged” services to the main procedure/procedures performed on 08/11/2014 -08/12/2014: J7120, J7120, 96365-59, J0330, J0690, J0690, J2001, J2175, J2405, J2765, J0690, J1170 and G0378 and are not separately reimbursable under OPPS.
- January 23, 2015 response from Claims Administrator indicates “review of IBR eligibility” has been conducted and no “additional money is owed.”
- Partial contract received for IBR indicates “10 % discount from billed charges,” however, since the contract provided for IBR is only a partial representation of the full contract, impartiality dictates that the full contractual agreement should be reviewed. As such, IBR unable to determine full contractual agreement between parties and concludes the claim upheld.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: J7120, J7120, 96365-59, J0330, J0690, J0690, J2001, J2175, J2405, J2765, J0690, J1170 and G0378**

<b>Date of Service 08/11/2014 – 08/12/2014</b>							
<b>Provider Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
J7120	\$397.00	\$0.00	\$397.00	N/A	2	\$0.00	<b>Refer to Analysis</b>
J7120	\$398.00	\$0.00	\$398.00	N/A	1	\$0.00	<b>Refer to Analysis</b>
96365-59-	\$545.00	\$0.00	\$545.00	N/A	1	\$0.00	<b>Refer to Analysis</b>
J0330	\$33.80	\$0.00	\$33.80	N/A	10	\$0.00	<b>Refer to Analysis</b>
J0690	\$84.30	\$0.00	\$84.30	N/A	2	\$0.00	<b>Refer to Analysis</b>
J0690	\$25.40	\$0.00	\$25.40	N/A	4	\$0.00	<b>Refer to Analysis</b>
J2001	\$36.00	\$0.00	\$36.00	N/A	2	\$0.00	<b>Refer to Analysis</b>
J2175	\$71.70	\$0.00	\$71.70	N/A	1	\$0.00	<b>Refer to Analysis</b>
J2765	\$18.00	\$0.00	\$18.00	N/A	1	\$0.00	<b>Refer to Analysis</b>
J1170	\$76.90	\$0.00	\$76.90	N/A	1	\$0.00	<b>Refer to Analysis</b>
G0378	\$2,375.00	\$0.00	\$2,375.00	N/A	1	\$0.00	<b>Refer to Analysis</b>

Copy to:

██████████  
 ██████████  
 ████████████████████

Copy to:

████████████████████████████████████████  
 ████████████████████████████████████████  
 ████████████████████