

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 19, 2015



IBR Case Number:	CB15-0001707	Date of Injury:	05/13/2003
Claim Number:	[REDACTED]	Application Received:	09/24/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/24/2014 – 09/24/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	80053, 85025, 96413, J7050 x 2, and J9035		

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 \$29104.93 in additional reimbursement for a total of \$29299.93. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$29299.93** 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

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



---

cc:



## 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
- Amendment To Participating Hospital Agreement
- Participating Hospital Agreement
- OMFS Outpatient Hospital and ASC 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:

- **ISSUE IN DISPUTE: Provider seeking additional reimbursement for CPT/HCPCS codes: 80053, 85025, 96413, J7050 x 2, and J9035.**
- The Claims Administrator reimbursed the Provider \$6765.88 for the billed services with the following rationale: The charge exceeds the OMFS allowance. The charge has been adjusted to the scheduled allowance.
- UB-04, Bill Type 0131, Revenue Codes: 300,305,335 and 636 (CPT 80053, 85025, 96413, J7050 (2) and J9035). DOS: 9/24/2014.
- **Contractual Agreement** states the following regarding as being applicable for Group Health, Workers' Compensation and Other Payment Programs. Hospital Services, all services shall be reimbursed at 90% of Provider's billed charges. As an Exempt Facility under the California Workers' Compensation Official Medical Fee Schedule, all Workers' Compensation services shall be reimbursed under the rates/terms listed above.
- The above mentioned contract language was indicated in an "Amendment to Participating Hospital Agreement" submitted by the Provider, effective 8/1/2007 between the PPO Group and the Provider. The Amendment was signed and dated by both parties.
- **§ 9789.32 (f)** Critical access hospitals and hospitals that are excluded from acute PPS are exempt from this fee schedule.
- Provider is identified on CMS.gov as a Medicare PPS excluded Cancer Hospital.
- **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.
- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for the outpatient hospital services. Reimbursement is recommended based on PPO contract allowance of 90% of the billed charges for CPT/HCPCS codes: 80053, 85025, 96413, J7050 and J9035.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 80053, 85025, 96413, J7050 and J9035.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
80053	\$353.80	\$17.29	\$301.13	1	\$318.42	Refer to Analysis
85025	\$58.00	\$12.73	\$39.47	1	\$52.20	Refer to Analysis
96413	\$1265.20	\$163.34	\$975.34	1	\$1138.68	Refer to Analysis
J7050 x 2	\$390.00	\$14.52	\$336.48	2	\$351.00	Refer to Analysis
J9035	\$37789.45	\$6558.00	\$27452.51	1	\$34010.51	Refer to Analysis

Copy to:



Copy to:

