

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 23, 2015

[Redacted]  
[Redacted]  
[Redacted]

|                       |  |                       |            |
|-----------------------|--|-----------------------|------------|
| IBR Case Number:      | CB15-0001962   | Date of Injury:       | 01/23/2015 |
| Claim Number:         | [Redacted]   | Application Received: | 10/22/2015 |
| Assignment Date:      | 11/16/2015   |                       |            |
| Claims Administrator: | [Redacted]   |                       |            |
| Date(s) of service:   | 04/30/2015 – 04/30/2015  |                       |            |
| Provider Name:        | [Redacted]   |                       |            |
| Employee Name:        | [Redacted]   |                       |            |
| Disputed Codes:       | Rev Codes 0250 x 4, 0271, 0272, 0370, 0710, CPT/HCPCS J7120, C1781, 49650, 49585, J0690, J1956, J2001 x 2, J2405, J2704, 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 \$4,159.80 in additional reimbursement for a total of \$4,354.80. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$4,354.80** 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
- PPO Contract

## **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 contractual reimbursement for Rev Codes 0250 x 4, 0271, 0272, 0370, 0710, CPT/HCPCS J7120, C1781, 49650, 49585, J0690, J1956, J2001 x 2, J2405, J2704, and J3010 for date of service 04/30/2015.**
- The Claims Administrator reimbursement rationale: “Official Medical Fee Schedule,” and “contract indicated.”
- **UB-04, Place of Service “131.”**
- **Contractual Agreement** states the following regarding “occupationally ill/injured employees”: In the case of Outpatient Services rendered to occupationally ill/injured employees, the reimbursement shall be the contract rate (**10% discount form billed charges**). It is noted that the In-patient contractual agreement is “payable under guidelines established under any state law...” However, the contract clearly indicates “10 %” of billed charges are reimbursable for **Outpatient Services**.
- **Opportunity to Dispute Eligibility** Communicated to Claims Administrator on 10/29/2015; response not yet received.
- **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.**
- **CCR § 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 Rev Codes 0250 x 4, 0271, 0272, 0370, 0710, CPT/HCPCS J7120, C1781, 49650, 49585, J0690, J1956, J2001 x 2, J2405, J2704, and J3010**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Rev Codes 0250 x 4, 0271, 0272, 0370, 0710, CPT/HCPCS J7120, C1781, 49650, 49585, J0690, J1956, J2001 x 2, J2405, J2704, and J3010**

| Date of Service: 04/30/2015<br>Hospital Outpatient   |                 |              |                |                            |   |
|--|-----------------|--------------|----------------|----------------------------|---|
| Service Code   | Provider Billed | Plan Allowed | Dispute Amount | Workers' Comp Allowed Amt. | Notes   |
| Rev Codes<br>0250 x 4,<br>0271, 0272,<br>0370, 0710,<br>CPT/HCPCS<br>J7120,<br>C1781,<br>49650,<br>49585, J0690,<br>J1956, J2001<br>x 2, J2405,<br>J2704, and<br>J3010, 320,<br>352, 0450<br>and 636 | \$35,496.70     | \$27,787.23  | \$4,159.80     | \$31,974.30                | <b>PPO Contract<br/>(-)<br/>Reimbursed<br/>Amount =<br/>\$4,159.80<br/>Due Provider</b> |

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