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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 26, 2015

[redacted]

IBR Case Number:	CB15-0002121	Date of Injury:	12/07/2011
Claim Number:	[redacted]	Application Received:	11/13/2015
Assignment Date:	12/21/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	03/20/2015 – 03/20/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	Rev 250 x 6, 258,271, 272, 278, 370, CPT 96361, 96374, 96375, 72040, 76000, 22551, 20930, 22845, J0330, J0690, J1100 X 2, J1170, J2060, J2250, J2370, J2405, J2704, J2800, J3010, G0378		

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 $45,628.71 in additional reimbursement for a total of $45,823.71. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$45,823.71** 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

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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]

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 HOPPS reimbursement for Rev 250 x 6, 258,271, 272, 278, 370, CPT 96361, 96374, 96375, 72040, 76000, 22551, 20930, 22845, J0330, J0690, J1100 X 2, J1170, J2060, J2250, J2370, J2405, J2704, J2800, J3010, & G0378 Performed on 03/20/2013.**
- Claims Administrator reimbursement rational: "The charge was adjusted to comply with the rate and the rules of the contract indicated," and "bundled" services.
- UB-04, Bill Type 131
- Opportunity to Dispute Eligibility Communicated to Claims Administrator on 12/04/2015; response not yet received.
- **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 rendered to the occupationally ill/injured…"
- **Contrary to the October 1st, 1992 "Appendix A," the Current January 1, 2003 Appendix** of the Contractual Agreement does not indicate "eligible billed charges" or "eligible billed charges in accordance with a state mandated fee schedule." The Contractual Agreement specifically indicates '10% of Provider's billed charges are reimbursable for Outpatient Services rendered to the occupationally ill/injured…"
- **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**.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for Rev 250 x 6, 258,271, 272, 278, 370, CPT 96361, 96374, 96375, 72040, 76000, 22551, 20930, 22845, J0330, J0690, J1100 X 2, J1170, J2060, J2250, J2370, J2405, J2704, J2800, J3010, & G0378.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Rev 250 x 6, 258,271, 272, 278, 370, CPT 96361, 96374, 96375, 72040, 76000, 22551, 20930, 22845, J0330, J0690, J1100 X 2, J1170, J2060, J2250, J2370, J2405, J2704, J2800, J3010, & G0378

Date of Service: 03/20/2015 HOPPS						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
Rev 250 x 6, 258,271, 272, 278, 370, CPT 96361, 96374, 96375, 72040, 76000, 22551, 20930, 22845, J0330, J0690, J1100 X 2, J1170, J2060, J2250, J2370, J2405, J2704, J2800, J3010, & G0378	$64,237.10	$12,184.68	$45,628.71	-	$57,913.39	**PPO Contract (-) Reimbursed Amount = $45,628.71 Due Provider**

Copy to:

[redacted]

Copy to:

[redacted]