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 14, 2015

[redacted]

IBR Case Number:	CB15-0002124	Date of Injury:	06/01/2007
Claim Number:	[redacted]	Application Received:	11/13/2015
Claims Administrator:	[redacted]		
Date(s) of service:	09/11/2014		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	80053, 83615, 85007, 85025, 88237, 88261, 88271, 88275, 88280, 88285, 88305, 88311,8 8313, G0461, 88184, and 88185		

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 reversed and the Claim Administrator owes the Provider additional reimbursement of $195.00 for the review cost and $8,046.97 in additional reimbursement for a total of $8,241.97. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$8,241.97** 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 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]

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, 83615, 85007, 85025, 88237, 88261, 88271, 88275, 88280, 88285, 88305, 88311, 88313, G0461, 88184, and 88185 for date of service 09/11/2014.**
- The Claims Administrator reimbursed the Provider $4,385.09 for the billed services with the following rationale: "The charge exceeds the OMFS allowance. The charge has been adjusted to the scheduled allowance."
- **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.**

- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for the outpatient hospital services. Reimbursement recommended based on PPO contract allowance of 90% of the billed charges.
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The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: DOS 09/11/2014 Codes: 80053, 83615, 85007, 85025, 88237, 88261, 88271, 88275, 88280, 88285, 88305, 88311, 88313, G0461, 88184, and 88185

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
80053, 83615, 85007, 85025, 88237, 88261, 88271, 88275, 88280, 88285, 88305, 88311,8 8313, G0461, 88184, and 88185	$13,813.40	$4,385.09	$8,046.97	1	$12,432.06	$8,046.97 Due to Provider

Copy To:

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