

**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**

July 23, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001004	Date of Injury:	05/13/2003
Claim Number:	[Redacted]	Application Received:	06/19/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	11/05/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	80048, 85025, 96413, J7050, 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 \$29,010.43 in additional reimbursement for a total of \$29,205.43. A detailed explanation of the decision is provided later in this letter.**

**The Claim Administrator is required to reimburse the Provider a total of \$29,205.43 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, MD, MPH  
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
- Official Medical Fee Schedule
- Negotiated contracted rates: Contract Agreement
- National Correct Coding Initiatives
- Other: LC § 5307.11

## 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 is dissatisfied with reimbursement of inpatient codes 80048, 85025, 96413, J7050, J9035 and is seeking remuneration according to the contract agreement.
- Claims Administrator reimbursed \$6,815.38 indicating on the Explanation of Review “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.”
- A copy of the contract agreement was received for this review.
- Contract specifically states under Amendment to Participating Hospital Agreement “This Amendment to Participating Hospital Agreement (“Amendment”) is entered into by and between Claims Administrator and Facility effective this August 1, 2007 to amend the agreement between the parties dated October 1, 1991 (“Agreement”)”. Further on states “1. Amendment of Fee Addendum. The Fee Addendum is hereby deleted in its entirety and replaced as follows: Applicable for Group Health, Workers’ Compensation and Other Payment Programs: A. 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/items listed above.”
- 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 documentation reviewed, additional reimbursement is warranted for billed services.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 80048, 85025, 96413, J7050, J9035

Date of Service: 11/05/2014					
Inpatient Services					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
80048, 85025, 96413, J7050, J9035	\$39,806.45	\$6,815.38	\$29,010.42	\$35,825.81	<b>DISPUTED SERVICE:</b> Allow reimbursement \$29,010.43

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