

**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 31 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001080	Date of Injury:	02/12/2013
Claim Number:	[Redacted]	Application Received:	07/02/2015
Assignment Date:	07/28/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	08/28/2013 – 08/28/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	Revenue Codes 0258 x 6, 0260 x 2, 0300, 0305, 0331, 0335 x 3, 0510, 0636 x 11, and 0761		

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 \$11,081.38 in additional reimbursement for a total of \$11,276.38. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$11,376.38** 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
- Amendment To Participating Hospital Agreement
- Participating Hospital Agreement

## 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 remuneration for revenue codes 0258 x 6, 0260 x 2, 0300, 0305, 0331, 0335 x 3, 0636 x 11, and 0761 (CPT/HCPCS codes J7050, J7060 x 4, J7070, 96367, 96368, 80053, 85027, 96411, 96413, 96415, 96416, 99212-25, J0640 x 2, J1100, J1453, J1642, J2405, J3475, J3490, J9190 x 2, J9263, and 36591).**
- The Claims Administrator denied **revenue codes 0258 x 6, 0260 x 2, 0300, 0305, 0331, 0335 x 3, 0636 x 11, and 0761** services with the following rationale: “Reduced per administrative rules and the charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.”
- UB-04, Bill Type 0131, Revenue Codes: 0258 x 6, 0260 x 2, 0300, 0305, 0331, 0335 x 3, 0636 x 11, and 0761. DOS: 08/28/2013 – 08/28/2013.
- **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.
- **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 Revenue Codes 0258 x 6, 0260 x 2, 0300, 0305, 0331, 0335 x 3, 0636 x 11, and 0761.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Revenue Codes 0258 x 6, 0260 x 2, 0300, 0305, 0331, 0335 x 3, 0636 x 11, and 0761**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J7050	\$195.00	\$7.26	\$168.24	1	\$175.50	Refer to Analysis
J7060	\$195.00	\$7.28	\$168.22	1	\$175.50	Refer to Analysis
J7060	\$390.00	\$7.28	\$343.72	2	\$351.00	Refer to Analysis
J7060	\$195.00	\$7.25	\$168.25	1	\$175.50	Refer to Analysis
J7060	\$195.00	\$7.26	\$168.24	1	\$175.50	Refer to Analysis
J7070	\$195.00	\$7.25	\$168.25	1	\$175.50	Refer to Analysis
96367	\$1251.60	\$285.99	\$840.45	3	\$1126.44	Refer to Analysis
96368	\$484.70	\$85.88	\$350.35	1	\$436.23	Refer to Analysis
80053	\$461.90	\$17.44	\$398.27	1	\$415.71	Refer to Analysis
85027	\$136.80	\$10.67	\$112.45	1	\$123.12	Refer to Analysis
96411	\$441.30	\$75.03	\$322.14	1	\$397.17	Refer to Analysis
96413	\$1054.30	\$90.41	\$858.46	1	\$948.87	Refer to Analysis
96415	\$449.70	\$53.17	\$351.56	1	\$404.73	Refer to Analysis
96416	\$882.00	\$90.41	\$703.39	1	\$793.80	Refer to Analysis
99212-25	\$222.10	\$0.00	\$199.89	1	\$199.89	Refer to Analysis
J0610	\$22.49	\$0.00	\$20.24	2	\$20.24	Refer to Analysis
J0640	\$474.36	\$8.13	\$418.79	21	\$426.92	Refer to Analysis

J1100	\$14.05	\$8.54	\$4.11	10	\$12.65	Refer to Analysis
J1453	\$1297.36	\$263.18	\$904.44	150	\$1167.62	Refer to Analysis
J1642	\$33.37	\$7.86	\$22.17	60	\$30.03	Refer to Analysis
J2405	\$47.68	\$0.00	\$42.91	16	\$42.91	Refer to Analysis
J3475	\$19.96	\$7.82	\$10.14	4	\$17.96	Refer to Analysis
J3490	\$16.36	\$7.28	\$7.44	1	\$14.72	Refer to Analysis
J9190	\$343.27	\$10.54	\$298.40	11	\$308.94	Refer to Analysis
J9190	\$186.40	\$0.00	\$167.76	2	\$167.76	Refer to Analysis
J9263	\$5127.55	\$901.66	\$3713.14	400	\$4614.80	Refer to Analysis
36591	\$187.60	\$28.74	\$140.10	1	\$168.84	Refer to Analysis

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