

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 31, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001081	Date of Injury:	05/13/2003
Claim Number:	[REDACTED]	Application Received:	07/02/2015
Assignment Date:	07/24/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/22/2014 – 10/22/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Revenue Codes 0300 x 4, 0305, 0335, 0510, 0636 x 2		

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 \$29,204.34 in additional reimbursement for a total of \$29,399.34. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$29,399.34** 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 0300 x 4, 0305, 0335, 0510, and 0636 x 2 (CPT/HCPCS codes 80053, 81001, 82570, 84156, 85025, 96413, 99212-25, J7050, and J9035).**
- The Claims Administrator denied **revenue codes 0300 x 4, 0305, 0335, 0510, and 0636 x 2** services with the following rationale: “hospitals that are excluded from acute PPS are exempt from the OPPS fee schedule. However, this labor code does not exempt from CA OMFS for professional fees.”
- UB-04, Bill Type 0131, Revenue Codes: 0300 x 4, 0305, 0335, 0510, and 0636 x 2. DOS: October 22, 2014 to October 22, 2014.
- **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.**

- Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for Revenue Codes 0300 x 4, 0305, 0335, 0510, and 0636 x 2.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 0300 x 4, 0305, 0335, 0510, and 0636 x 2.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
80053	\$353.80	\$17.29	\$301.13	1	\$318.42	Refer to Analysis
81001	\$136.50	\$5.18	\$117.67	1	\$122.85	Refer to Analysis
82570	\$72.10	\$8.47	\$56.42	1	\$64.89	Refer to Analysis
84156	\$91.00	\$6.00	\$75.90	1	\$81.90	Refer to Analysis
85025	\$58.00	\$12.73	\$39.47	1	\$52.20	Refer to Analysis
96413	\$1265.20	\$315.16	\$823.52	1	\$1138.68	Refer to Analysis
92212-25	\$255.20	\$0.00	\$229.68	1	\$229.68	Refer to Analysis
J7050	\$195.00	\$7.26	\$168.24	1	\$175.50	Refer to Analysis
J9035	\$37789.45	\$6618.20	\$27392.31	1	\$34010.51	Refer to Analysis

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