

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 4, 2016



IBR Case Number:	CB15-0002234	Date of Injury:	06/27/1993
Claim Number:	[REDACTED]	Application Received:	12/07/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/25/2015 – 06/25/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	62362		

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 \$5,051.49 in additional reimbursement for a total of \$5,246.49. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$5,246.49** 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

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Cc:



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 remunerating for outpatient hospital services billed under CPT 62362.**
- **Contractual Agreement** submitted for IBR, entitled “**Amendment to the Contract,**” asterisked item page 100 of the IBR application PDF indicates “Reimbursement for services rendered to ill/injured employees shall be a 3% discount from the amount payable under guidelines established under any California State law or regulation pertaining to health care services rendered for occupationally ill/injured employees.”
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 12/8/2015; additional Contractual Agreement language disputing the 3% discount from OMFS allowance not yet received.
- EOR’s indicate Provider reimbursed at a rate less than 3% discount from the OMFS Outpatient Hospital Allowance.
- **Based on the aforementioned documentation and guidelines, additional reimbursement for is indicated for outpatient services billed under CPT 62362.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: CPT 62362

Date of Service: 6/25/2015 Hospital Outpatient					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
62362	\$40,995.90	\$14,724.34	\$5,662.06	\$19,775.83	DISPUTED CODE: See Analysis

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