

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 19, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|-----------------------------------------------------------|-----------------------|------------|
| IBR Case Number: | CB16-0000031 | Date of Injury: | 11/13/2012 |
| Claim Number: | [REDACTED] | Application Received: | 12/28/2015 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 11/18/2014 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | CPT/HCPCS Codes: 96366, 36415, 80048, 85025, J7050, J2543 | | |

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 \$858.42 in additional reimbursement for a total of \$1,053.42. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,053.42** 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
- OMFS

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 \$1,492.69 in remuneration for CPT/HCPCS Codes: 96366, 36415, 80048, 85025, J7050, J2543 performed on 11/18/2014.**
- The Claims Administrator reimbursed charges with rationale “the charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance” and “This charge was adjusted to comply with the rate and rules of the contract indicated”
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 01/07/2016; response not yet received.
- Contractual Agreement received specifically states: “Outpatient Services rate. (q); 22% discount from billed charges; (q) The amount payable for a single outpatient episode shall not exceed \$3,318.00. When charges exceed \$5,579, reimbursement shall be a 32% discount”
- **Pursuant to LC § 5307.11 – “the medical fee schedule shall not apply to the contracted reimbursement rates.”**
- **California State Assembly Bill 1177 amended the Labor Code effective January 1, 2002 to add §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. Except as provided in subdivision (b) of Section 5307.1, the official medical fee schedule shall establish maximum

reimbursement rates for all medical services for injuries subject to this division provided by a health care provider or health care facility licensed pursuant to Section 1250 of the Health and Safety Code other than those specified in contracts subject to this section.

- Based on the aforementioned contract agreement and LC §5307.11, additional reimbursement is warranted for 36415, 80053, 85025, 85610, 85730, and 81001.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: CPT/HCPCS Codes: 96366, 36415, 80048, 85025, J7050, J2543

| Date of Service: 11/18/2014 Hospital Outpatient Services | | | | | |
|--------------------------------------------------------------------|------------------------|---------------------|-----------------------|-----------------------------------|---------------------------------|
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Workers' Comp Allowed Amt. | Notes |
| Services on 11/18/2014 | \$1,913.71 | \$634.27 | \$1,492.69 | \$1,492.69 | \$858.42 Due to Provider |

[REDACTED]

[REDACTED]