

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 12, 2016

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

IBR Case Number:	CB16-0000093	Date of Injury:	03/01/2015
Claim Number:	[REDACTED]	Application Received:	01/20/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/01/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Rev Codes 0250 x 3, CPT Codes 80048, 85027, 085610, 73030-RT, 70450, 72125, 99284-25, and 93005		

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 \$8,974.90 in additional reimbursement for a total of \$9,169.90. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$9,169.90** 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
- OMFS Outpatient Hospital and ASC Fee Schedule

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 additional reimbursement for outpatient hospital services billed for date of service 3/01/2015.**
- The Claims Administrator reimbursed the Provider \$769.60 for the billed services with the following rationale: Workers' Compensation State Fee Schedule Adjustment Labor Code 5307.1.
- UB-04, Bill Type 0131, Rev Codes 0250 x 3, CPT Codes 80048, 85027, 085610, 73030-RT, 70450, 72125, 99284-25, and 93005 for DOS: 5/15/2015.
- **Contractual Agreement** states the following Percentage allowance from billed charges for **Outpatient Charges 0%.**
- **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.**
- Opportunity to Dispute Eligibility communicated to Claims Administrator on 1/21/2016; Additional Contractual Agreement documents disputing the PPO allowance of 0% off billed charge not yet received.
- Based on the aforementioned documentation and guidelines, additional reimbursement indicated for the outpatient hospital services per PPO contract allowance of 100% for Outpatient Charges.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Rev Codes 0250 x 3, CPT Codes 80048, 85027, 85610, 73030-RT, 70450, 72125, 99284-25, and 93005

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
Outpatient Services	\$9,744.50	\$769.60	\$8,974.90	N/A	\$9,744.50	\$8974.90 Due to Provider

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]