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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 23, 2016

[redacted]

IBR Case Number:	CB16-0000850	Date of Injury:	10/08/2008
Claim Number:	[redacted]	Application Received:	05/02/2016
Assignment Date:	06/13/2016		
Claims Administrator:	[redacted]		
Date(s) of service:	08/19/2015 – 08/19/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	HCPCS/CPT Codes J1100, J2469, J3490, J7030, J7040 x 2, J9033, 96367, 96413		

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 $20,765.90 in additional reimbursement for a total of $20,960.90 A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$20,960.90** 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,

MAXIMUS

Cc: [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
- Contractual Agreement
- 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 additional remuneration for HCPCS/CPT Codes J1100, J2469, J3490, J7030, J7040 x 2, J9033, 96367 & 96413 for date of service 08/19/2015.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/25/2015; response relating to disaggregated case received 06/07/2016.
    1. The Claims Administrator indicates the Provider submitted "Appendix B" and omitted relevant contractual rates pertinent to this review. The following omitted contractual language relating to the "Aug 07, 2010" contractual agreement referenced by the Claims Administrator is as follows:

        - **Contract Rates set forth in Appendix A shall continue to be in effect.**

- Provider submitted the following contractual provisions:
    1. 2005 "Base Agreement"
        - **Workers' Compensation referenced Appendix "A,"** provision 10.
    2. 200**8** Agreement signed 01/27/2010 & 02/23/2010
        - "Amount set forth in *Appendix A are hereby deleted and replaced with the amounts set forth in the attached Appendix A"

    ***Workers' Compensation reimbursement not referenced in revised Appendix A.**

    3. 08/07/2010 Appendix A referenced by the Claims Administrator was submitted for IBR review (see item 2 above). Appendix B reference by the Claims Administrator reviewed and reflects signatures of both the Claims Administrator on 09/09/2010 and the Provider, on 10/14/2010.

        The 2008 and 2010 contractual agreements signature fields reflect identical Claims Administrator (organization).
- Contractual agreement effective dates submitted for review:
    1. 2005
    2. 2008 (Signed 01/27 by the Provider and 02/23 by the Claims Administrator in 2010 deleting and replacing 2005 Appendix A. Workmans' Compensation Provision not indicated in 2008 Appendix A.
    3. August 7, 2010 - Signed 10/14/2010 by the Provider and 09/09/2010 by the Claims Administrator with Appendix A and B. Appendix B indicates "**75% of Hospitals billed charges…"**
        - Contract does not reflect language regarding the OMFS or a State Mandated Fee Schedule.
- UB-04 and EOR's do not reflect HCPCs J2469 for date of service 08/19/2015.
- **Based on the aforementioned documentation, additional reimbursement is indicated for J1100, J3490, J7030, J7040 x 2, J9033, 96367, 96413 and is not indicated for J2469.**

The table on page 4 describes the pertinent claim information.

DETERMINATION OF ISSUE IN DISPUTE: J1100, J2469, J3490, J7030, J7040 x 2, J9033, 96367 & 96413

Date of Service: 08/19/2015 HOPPS						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
J1100, J3490, J7030, J7040 x 2, J9033, 96367 & 96413.	$34,051.00	$4,768.38	$20,765.90	-	$10,423.50	**PPO** **$20,765.90** **Due Provider** **Refer to Analysis**
J2469	$0.00	$0.00	$0.00	$0.00	$0.00	**Refer to Analysis**

Copy to:

[redacted]

[redacted]