

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 18, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001204	Date of Injury:	11/14/2014
Claim Number:	[REDACTED]	Application Received:	07/27/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/18/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Revenue Codes 0250, 0258 x 2, 0260 x 2, 0300, 0301 x 3, 0305, 0320, 0352, 0450, and 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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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, MD, MPH
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
- Official Medical Fee Schedule
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 is dissatisfied with reimbursement of billed Revenue Codes 0250, 0258 x 2, 0260 x 2, 0300, 0301 x 3, 0305, 0320, 0352, 0450, and 0636 x 2
- Claims Administrator reimbursement rationale indicates on the Explanation of Review “The charges have been priced in accordance to a PPO contract.”
- Provider billed Revenue codes on the CMS UB-04, Bill Type 131 for Outpatient Hospital services
- Contract Agreement states: All Outpatient Services – 10% discount from billed charges
***Notwithstanding contract rates contained herein, the amount payable under the terms of this contract shall not exceed total billed charges and, for services rendered to occupationally ill/injured employees, shall not exceed the amount payable under guidelines established under any State Law or regulation pertaining to health care services for occupationally ill/injured employees.**
- The lesser of the Official Medical Fee Schedule or 10% discount for Outpatient Services is what the contract dictates. In the case of date of service 11/18/2014, the lesser of is reimbursement of the Official Medical Fee Schedule which the Claims Administrator did base their reimbursement upon.
- Based on information reviewed, additional reimbursement of billed codes is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of Revenue Codes 0250, 0258 x 2, 0260 x 2, 0300, 0301 x 3, 0305, 0320, 0352, 0450, and 0636 x 2

Date of Service: 11/18/2014					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
Billed Revenue Codes	\$8419.50	\$964.26	\$7455.24	\$964.26	DISPUTED SERVICE: No further reimbursement is recommended.

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]