

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 1, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001302	Date of Injury:	05/31/2013
Claim Number:	[REDACTED]	Application Received:	08/10/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/14/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Rev Code 0636		

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
- Negotiated contracted rates: Contract Agreement
- National Correct Coding Initiatives

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 denial of Rev Code 636.
- Provider states reimbursement of Rev Code 636 should be paid at 55% of billed charges, per PPO Contract Agreement.
- Copy of PPO contract received shows REV code 636 shall be paid at 55% of charges instead of per the state fee schedule.
- Facilities identify and bill for drugs by HCPCS code, along with Revenue code 636, "Drugs Requiring Specific Information."
- Provider billed Rev Code 636 on a UB-04 CMS 1450. No HCPCS code is identified on the claim form.
- Documentation included Provider's Medical Records showing Admission Date: 5/16/2014 and Discharge Date: 5/20/2014.
- Documentation showing HCPCS, type of drug used, dosage and amount for date of service in dispute, 3/14/2014, is not identified in this review.
- Documentation and billing does not support reimbursement of 636. Therefore, none is warranted for Rev Code 636.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of Rev Code 636

Date of Service: 03/14/2014						
Contract Reimbursement						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
Rev Code 636	\$1,994.51	\$0.00	\$1,096.98	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not recommended.

Copy to:

[REDACTED]

Copy to:

[REDACTED]