

Provider Advisory

California's SB863 for Bill Review & MPN – "At a Glance"

Second Bill Review

- Providers must submit a request for second bill review within 90 calendar days of receipt of an initial EOR if they disagree with the recommendations.. There are two options for submission:
 - Use of a modified original CMS-1500 or UB-04 form with required fields populated (10d and 22 for the 1500 and 18-28 and 64 for UB-04) to clearly identify the bill as a Request for Second Bill Review
 - Use of DIR form SBR-1 (required for medical-legal bills and recommended for all bills), located at http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormSBR_1.pdf
- If a request for second review is not made within the 90 calendar day timeframe, the bill shall be **deemed satisfied** and neither the claims administrator nor the employee is liable for any further payment.

Independent Bill Review

- If a provider still disagrees with the determination following the second bill review, he/she may request the assistance of the Independent Bill Review (IBR) process to resolve the dispute.
- To request IBR, the medical provider must submit an application for IBR either electronically or in hard copy, using form IBR-1, http://www.dir.ca.gov/dwc/DWCPPropRegs/IBR/FormIBR_1.pdf, and pay a filing fee of **\$335** to the DIR.
- The application must be filed within 30 calendar days of the receipt of the final EOR. If the request for IBR is not made within the 30 calendar day timeframe, the bill shall be **deemed satisfied** and neither the claims administrator nor the employee is liable for any further payment.
- Once you are notified of IBRO assignment, you will have 10 calendar days to submit all required documentation.

Other Important Points

- If your dispute is over application of a contract only, please contact Coventry Provider Relations at 1-800-937-6824 to resolve your dispute before seeking IBR.
- Duplicate EOR's are no longer required to be sent to a provider; however, Coventry has elected to continue to send EOR's during the emergency regulation period for the benefit of providers.
- Please refer to our provider advisory on SB863 for full information on the SB863 changes.

MPN

- As of 1/1/14, SB863 requires a provider, or their authorized representative, sign a written acknowledgement affirming his/her intent to participate in Medical Provider Networks (MPNs) at the time of contracting or re-contracting.

Coventry requests that you check your MPN participation status under the Provider Tools section of our web site at www.coventrywcs.com. If you have any concerns regarding your participation in MPNs or there are inaccuracies in the demographic information as represented on our website, please contact Coventry Provider Relations at **1-800 937-6824**.

Milestone	Timeframe	Provider	Payor	Bill Reviewer	State / IBRO
Payor Response to Initial Billing	30 Calendar Days		X	X	
Payor Payment on Initial Billing	45 Calendar Days		X		
Second Bill Review Submission	90 Calendar days	X			
Payor Response to Second Bill Request	14 Calendar Days		X	X	
Payer Payment on Second Bill Review	21 Calendar Days		X		
Request for IBR	30 Calendar Days	X			
Provider submission of Documentary Req'r'	10 Calendar Days	X			X
Response timeframe to provide add'l records	30 Calendar Days	Situational	Situational	Situational	
Final Decision Issued by IBRO	60 Calendar Days				X
Timeframe to File Appeal	20 Calendar Days	Situational	Situational	Situational	

March 29, 2013