Independent Bill Review Final Determination Upheld

2/12/2014

Re: Claim Number:  
Claims Administrator name:  
MAXIMUS IBR Case: CB13-0000388

Dear [Name],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/21/2013, by the Administrative Director of the California Division of Workers’ Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator’s determination is upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:
- 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
Supporting Analysis:
The dispute regards the denial of reimbursement for Evaluation and Management services (99213) and a report (99081) for date of service 4/9/2013. The Claims Administrator denied the billed services with the explanation "Provider not authorized. This service requires prior authorization and none was identified."

The Independent Bill Review (IBR) case was forwarded to the Department of Workers' Compensation (DWC) for an eligibility review. The case was deemed eligible for the IBR process by the DWC.

Independent Bill Review shall only be conducted if the only dispute between the Provider and the Claims Administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review, per IBR regulations 9792.5.7(b). This issue regards un-authorized services rendered by a Provider outside of the Claims Administrator's MPN. MAXIMUS is unable to determine if services were performed within the Workers' Compensation Carriers guidelines.

MAXIMUS is unable to recommend an allowance or reimbursement amount for the billed procedure codes 99213 and 99081 or date of service 4/9/2013.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Validated Units</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>99213</td>
<td>1</td>
<td>$56.93</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PPO Contract</td>
</tr>
<tr>
<td>99081</td>
<td>1</td>
<td>$11.69</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PPO Contract</td>
</tr>
</tbody>
</table>

Chief Coding Specialist Decision Rationale:
This decision was based on Independent Bill Review Regulations and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[Name], RHIT

Copy to:

IBR Final Determination Upheld
Form Effective Date 7.23.13