

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 15, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000982	Date of Injury:	10/04/2013
Claim Number:	[Redacted]	Application Received:	07/11/2014
Claims Administrator:	[Redacted]	Assignment Date:	08/13/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	WC004		

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 \$250.00 for the review cost and \$142.80 in additional reimbursement for a total of \$392.80. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$392.80 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,

[Redacted]
[Redacted]

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:
- National Correct Coding Initiatives
- Other: OMFS 2014 Physician Fee Schedule

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 WC004, Permanent and Stationary Report (PR-4) submitted for this review.
- Claims Administrator reimbursed \$38.68 and indicated on the Explanation of Review “In accordance with the California Official Medical Fee Schedule.”
- Pursuant §9789.12.14 California Specific Codes: Physicians and non - physician practitioners shall use the “California Specific Codes” listed below. Maximum reasonable fees for services performed by physicians and non - physician practitioners within their scope of practice shall be no more than the fee listed in section 9789. 19, by date of service. The fees shall be updated annually in accordance with the Medicare Economic Index. Based on review of the operative report. (3) Primary Treating Physician’s Permanent and Stationary Report (Form PR - 4) issued in accordance with section 9785(h). Use Code WC004
- WC004 - \$ 38.68 for first page \$23.80 each additional page. Maximum of seven pages absent mutual agreement (\$181.48)
- Based on the 2014 updated use of California Specific Codes and Fee Schedule, Provider is owed additional reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code

Date of Service: 4/23/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
WC004	\$190.00	\$38.68	\$151.32	1	N/A	\$181.48	DISPUTED SERVICE: Allow reimbursement \$142.80

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]