MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 15, 2015

[redacted]

IBR Case Number:	CB15-0000273	Date of Injury:	02/18/2014
Claim Number:	[redacted]	Application Received:	02/24/2015
Assignment Date:	04/28/2014		
Claims Administrator:	[redacted]		
Date(s) of service:	09/17/2014 – 09/17/2014		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99214 and WC002		

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 $195.00 for the review cost and $77.34 in additional reimbursement for a total of $272.34. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$272.34** 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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [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
- OMFS

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 seeking one hundred percent OMFS remuneration for 99214 Established Patient and WC002 Primary Treating Physician Progress Report for date of service 09/17/2014.**
- EOR reflects Claims Administrator's reimbursement rational as follows:
  - 99214 – PPO Reduction
  - WC002 – PPO Reduction
- EOR indicates Provider was reimbursed for 99214 & WC002.
- IBR Application reflects Claims Administrator Listed on 1st and 2nd EOR.
- Correspondence from the Provider to the Contracting network agent presented for IBR, indicates the Provider is not aware of a contractual agreement.
- Claims Administrator has yet to respond to 04/08/2014 Opportunity to Dispute communication. As such, 100% OMFS will be utilized.
- Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 99214 & WC002.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214 & WC002

Date of Service: 09/17/5014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99214	$180.00	$52.56	$127.56	N/A	1	$125.14	**$72.58 Due Provider Refer to Analysis**
WC002	$11.91	$7.15	$4.76	N/A	1	$11.91	**$4.76 Due Provider Refer to Analysis**

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