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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 4, 2015

[redacted]

IBR Case Number:	CB15-0000368	Date of Injury:	03/26/2013
Claim Number:	[redacted]	Application	03/09/2015
Assignment Date:	04/06/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	06/21/2014-06/21/2014		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	WC007-30		

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 $157.68 in additional reimbursement for a total of $352.68. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$352.68** 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
- Official Medical 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 seeking full remuneration for WC007, Consultation Reports, for date of service 06/21/2014.**
- Claims Administrator denied the service with the following rational: "Charged denied as the report/documentation does not indicate that the service was performed
- **Article 5.3 Official Medical Fee Schedule §9789.12.12 (c)(2)** Consultation Services, separately reimbursable reports: Consultation reports **requested** by the Qualified Medical Evaluator ("**QME**") **or** Agreed Medical Evaluator ("**AME**") in the context of a medical-legal evaluation. **Use WC007, Modifier -30**
- Original AME Request from Legal Parties 4/22/2014 reviewed.
- AME Consultation/EMG/NCV/and **Report** request to Provider from AME 6/19/2014.
- **§9789.19 (a) Services Rendered On or After 1/1/2014:** WC007 - $38.68 for first page, $23.80 each additional page. Maximum of six pages absent mutual agreement ($157.68)
- Mutual agreement for amount greater than WC007 reimbursement rate not identified.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for WC007 – 30 in accordance with §9789.12.12 (c)(2).**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC007-30

Date of Service: 06/21/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
WC007-30	$157.68	0.00	$157.68	N/A	1	$157.68	OMFS

Copy to:

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Copy to:

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