

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 6, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000402	Date of Injury:	05/28/2014
Claim Number:	[REDACTED]	Application Received:	03/09/2016
Assignment Date:	03/28/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/11/2016 – 01/11/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC012		

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 \$350.00 in additional reimbursement for a total of \$545.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$545.00** 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]
[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 remuneration for WC012 for date of service 01/11/2016.**
- The Claims Administrator denied services as “this report is not separately reimbursable.”
- OMFS Code Description: WC012 Missed Appointments. This code is designated for communication only. It does not imply that compensation is owed.
- Submitted documentation includes an “Agreement Request,” signed by the Claims Administrator on 11/30/2015, authorizing the following services:
 - ML102-ML104
 - WC012
Consultation/No show fee #350.00 billed as WC012 (avoid charge with notice prior to 5 business days.)
- **Appointment Reminder** addressed to the Injured Worker, dated 12/17/2015 indicates appoint date and time as follows:
 - **01/11/2016 at 9:15 am**
- CMS 1500 and SBR Request reflects the following date of service:
 - **01/11/2016**
- Med-Legal Consultation Report documenting missed appointment not received for IBR.
- Progress Notes documenting missed appointment not received for IBR.
- Documentation regarding a missed appointment for date of service 01/11/2016, has not been submitted for this review.
- Acknowledgement of missed appointment, by virtue of Notice of Payment from the Claims Administrator to the Provider, indicates WC012 paid in full on 03/21/2016, Check Ref # 0005537954. However, the Amount of the **Check reflects “\$0.00,” itemization reflects “\$350.00” as “currently paid.”** Documentation does not reflect electronic funds transfer of \$350.00 or additional check reflecting \$350.00; confirmation of payment to provider cannot be determined.
- Acknowledgement of intent to pay received 03/21/2016, post IBR Filing of 03/09/2016. Provider due IBR filing Fee and reimbursement for WC012.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for WC012.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC012

Date of Service: 01/11/2016 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
WC012	\$350.00	\$0.00	\$350.00	1	\$350.00	Refer to Analysis

[REDACTED]

[REDACTED]