

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 11, 2016

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

IBR Case Number:	CB16-0000439	Date of Injury:	12/10/2014
Claim Number:	[REDACTED]	Application Received:	03/04/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/02/215		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC020, WC023 and S9999		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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, MD, MPH
Medical Director

[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: N/A
- National Correct Coding Initiatives
- Other: Administrative Rules Article 5.5.0. § 9792.5.7

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 of codes WC020, WC023 and S9999 for date of service 11/02/2015
- Record Request Form shows “Date Ordered: 10/2/2015; Date Needed: 11/2/2015”
- Provider states “On 11/2/2015 we received the records from SCIF”
- Documentation dated February 4, 2016 from Claims Administrator to Provider states **"All records on file were previously served to the applicant's attorney."**
- § 9982 - There will be no additional payment for copy and related services that are: Duplicative records previously obtained from the same source, unless the subpoena or authorization is accompanied by a declaration from the party requesting the records that **there is good cause to seek duplicate records.**
- Administrative Rules Article 5.5.0. § 9792.5.7. Requesting Independent Bill Review (b) unless as permitted by section 9792.5.12, 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.
- Based on aforementioned documentation and guidelines, reimbursement of WC020, WC023 and S9999 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes WC020, WC023 and S9999

Date of Service: 11/02/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
WC020, WC023 and S9999	\$250.26	\$0.00	\$250.26	1	\$0.00	Refer to Analysis

[REDACTED]

[REDACTED]