

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 25, 2016

[Redacted]

| | | | |
|-----------------------|--------------|-----------------------|------------|
| IBR Case Number: | CB16-0000532 | Date of Injury: | 05/21/2012 |
| Claim Number: | [Redacted] | Application Received: | 04/01/2016 |
| Claims Administrator: | [Redacted] | | |
| Date(s) of service: | 01/13/2016 | | |
| Provider Name: | [Redacted] | | |
| Employee Name: | [Redacted] | | |
| Disputed Codes: | WC007 | | |

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 \$0.00 in additional reimbursement for a total of \$195.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$195.00** 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]

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

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 WC007-30 Consultation Reports Requested by AME or QME, for date of service 01/13/2016.**
- The Claims Administrator denied service in full.
- Communication from Claims Administrator addressed “Attn: To Whom It May Concern” dated December 14, 2015 reflects “Treatment: Office visit, urinalysis & culture, urethral dilation, **medical report**; Authorization: 12/14/15-12/30/15 (extended through rescheduled visit on 1/13).”
- **CCR § 9789.12.12 (c)(2)** 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**.
- WC007 - \$38.99 for first page, \$23.99 each additional page. Maximum of six pages absent mutual agreement (\$158.94).
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for WC007-30 services.**
- Claims Administrator submitted documentation after this dispute was filed showing a reimbursement in the amount of \$158.94 is to be made to the Provider. Process date was 04/12/2016. As Provider has been reimbursed for WC007-30, no further reimbursement is owed for WC007-30. Claims Administrator is responsible for the IBR fee of \$195.00 to be paid to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC007-30

| Date of Service: 01/13/2016 | | | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|-----------------------|--------------|-----------------------------------|--------------------------|
| In Patient Hospital | | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Assist Surgeon | Units | Workers' Comp Allowed Amt. | Notes |
| WC007-30 | \$158.94 | \$0.00 | \$158.94 | N/A | 1 | \$158.94 | Refer to Analysis |

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]