

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 10, 2016

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000831	Date of Injury:	06/23/2014
Claim Number:	[Redacted]	Application Received:	05/17/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	11/05/2015		
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 \$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,
Maximus

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 99214 and WC002 services submitted for date of service 11/05/2015.**
- Initial EOR, Final EOR and statement sent for IBR reflect the Claims Administrator denied reimbursement as unauthorized services.
- Provider indicates services billed as Primary Treating Physician.
- Prior Authorization is not required of Primary Treating Physicians for follow-up treatment on **body parts and/or injuries accepted** by the Claims Administrator.
 - Documentation was submitted for IBR establishing Provider as the Primary Treating Physician of record for **accepted body parts and/or injuries**, **“ACCEPTED for the injury to your neck, right elbow and right shoulder. Liability is strictly limited to these listed body part(s).”**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 99214 and WC002.**
- Claims Administrator submitted documentation, after this dispute was filed, showing a payment was sent to the Provider in the full amount of \$188.42.
- If Provider has received payment, no further reimbursement of 99214 and WC002 is due. Claims Administrator is responsible for the IBR application fee of \$195.00 to be reimbursed to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214 and WC002

Date of Service: 11/05/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214 & WC002	\$188.42	\$0.00	\$188.42	1	\$188.42	\$195.00 Due to Provider

Copy to:

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