

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Upheld

2/28/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 3/6/2013 – 3/6/2013
MAXIMUS IBR Case: CB13-0000247

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/26/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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

Supporting Analysis:

The dispute regards the denial of reimbursement for an office consultation service (99245), prolonged services (99358), and X-ray services (73130 and 76140). The Claims Administrator denied the billed procedure codes with the explanation “Workers’ Compensation claim adjudicated as Non-compensable, carrier not liable for claim or service/treatment.”

The Independent Bill Review (IBR) case was forwarded to the Department of Workers' Compensation (DWC) for an eligibility review. The case was deemed eligible for the IBR process by the DWC.

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, per IBR regulations 9792.5.7(b). It appears this issue regards un-authorized or non-compensable services rendered by a Provider. A letter authorizing the services performed on 3/6/2013 by the Provider was not submitted as part of the documentation. MAXIMUS is unable to determine if services were authorized or performed within the Claims Administrator’s guidelines.

There is no additional reimbursement warranted per the billed procedure codes 99245, 99358, 73130 and 76140.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99245	1	\$171.19	\$0.00	\$0.00	\$0.00	OMFS
99358	1	\$36.34	\$0.00	\$0.00	\$0.00	OMFS
73130	1	\$41.56	\$0.00	\$0.00	\$0.00	OMFS
76140	1	\$240.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on medical record and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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