

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/2/2014

██████████
████████████████████
████████████████████

IBR Case Number:	CB14-0000264	Date of Injury:	12/15/1980
Claim Number:	██████████	Application Received:	2/25/2014
Claims Administrator:	██		
Date(s) of service:	02/25/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	17002 x 11 units, 69100-59 x 3 units, 17001 x 2 units		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 4/3/2014, 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
- Other: PPO Contract

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Codes 17002, 69100, 17001 is under review as it was denied in part for service.**
- The explanation of review (EOR) offered the followed explanations: 1) we were unable to recommend an additional allowance as your billing was reviewed in accordance with the Official Medical Fee Schedule of California. 2) The original review was evaluated per your contract. Upon re-evaluation of your billing, it has been determined that the original allowance is correct.
- In Review of the EOR, the services were reimbursed based on a PPO contract. The PPO contract submitted is incomplete and is missing pages containing the pricing allowances for the CPT Codes 17002, 69100 and 17001.
- Claims Administrator reimbursed the provider and indicated the type of reductions applied based on the contractual agreement which can be used as a parameter for this review in lieu of the actual contractual agreement copy.
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of codes 17002, 69100 and 17001 is not recommended.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amount	Fee Schedule Utilized
<i>Date of Service – 2/25/2013</i>						
<i>Physician Services (surgery)</i>						
17002 x 11 units	\$495.00	\$42.62	\$452.38		\$0.00	PPO Contract
69100 x 3	\$600.00	\$203.65	\$396.35		\$0.00	PPO Contract
17001 x 2	\$90.00	\$40.0	\$50.00		\$0.00	PPO Contract

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on Explanation of Review and comparison with PPO Contract. This was determined correctly by the Claims Administrator and the payment of \$286.27 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,

██████████, RHIT
Chief Coding Reviewer

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