

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 31, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000358	Date of Injury:	10/11/2013
Claim Number:	[Redacted]	Application Received:	03/12/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95044 x 205 units		

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.

IBR Assigned: 05/01/2014

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 \$335.00 for the review cost and \$0.00 in additional reimbursement for a total of \$335.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$355.00 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,

[Redacted]
[Redacted]

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
- Official Medical Fee Schedule
- AMA CPT 1997

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 disputing \$0.00 reimbursement for \$5,125.00 charges for Allergy Patch Skin Testing; CPT Code 95044
- Claims Administrator provided the following reasoning for reimbursement: “The Charge Exceeds the Official Medical Fee Schedule Allowance. Charge has been adjusted to the schedule.”
- CPT 1997 Code Description: Patch or application test(s) (specify number of tests)
- The documentation provided indicates 205 skin tests were performed and results of the skin tests are documented.
- Reimbursement is warranted for 95044 x 205 units.
- A letter from the Provider dated June 3, 2014 informed IBR a mutual agreement between the Claims Administrator and the Provider regarding CPT 95044 has been reached and the matter is “closed.” The reimbursement amount was not disclosed to IBR. IBR will consider this factor in the Final Determination Calculation.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation, reimbursement is warranted for CPT Code 95044 x 205 Units; OMFS and Standard 85% PPO reduction will apply.

The table below describes the pertinent claim line information.

Date of Service: 11/08/2013							
Provider Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95044	\$5,125.00	\$ 0.00	\$ 5,125.00	N/A	205	\$2,156.00	OMFS \$10.52 per unit x 205 units = \$2,156.00 – Reimbursement of Undisclosed Amount to Provider (Refer to Analysis) = \$0.00 Due Provider.

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