

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 26, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001701	Date of Injury:	02/22/1998
Claim Number:	[Redacted]	Application Received:	11/12/2014
Claims Administrator:	[Redacted]		
Assigned Date:	12/10/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	64590, 64555, 64555-59 (3 units) and 77003-26-59		

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 \$250.00 for the review cost and \$0.00(Provider has already been reimbursed) in additional reimbursement for a total of \$250.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$250.00 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]
Medical Director

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
- Negotiated contracted rates:
- National Correct Coding Initiatives

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 is dissatisfied with denial of codes 64590, 64555, 64555-59 (3 units) and 77003-26-59
- Claims administrator denied codes indicating on the Explanation of Review “Payment is denied-service not authorized”
- Documentation was received stating provider did indeed receive reimbursement for services rendered on date of service 04/08/2014 after the dispute had been filed.
- Based on information reviewed, claims administrator only owes provider the IBR application filing fee of \$250.00.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 64590, 64555, 64555-59 (3 units), 77003-26-59 is recommended. Claims administrator has already reimbursed provider and all that is due to the provider by the claims administrator is the application fee of \$250.00.

Date of Service: 4/8/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
64590	\$7500.00	\$228.30	\$0.00	1	100%	\$228.30	DISPUTED SERVICE: No further reimbursement recommended.
64555	\$7500.00	\$107.51	\$0.00	1	50%	\$107.51	DISPUTED SERVICE: No further reimbursement recommended
64555-59	\$22500.00	\$215.02	\$0.00	3	50%	\$215.02	DISPUTED SERVICE: No further reimbursement recommended
77003-26-59	\$195.00	\$41.11	\$0.00	1	N/A	\$41.11	DISPUTED SERVICE: No further reimbursement recommended

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