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 8, 2015

[redacted]

IBR Case Number:	CB15-0001621	Date of Injury:	11/22/2013
Claim Number:	[redacted]	Application Received:	09/15/2015
Claims Administrator:	[redacted]		
Date(s) of service:	04/09/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	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 $11.91 in additional reimbursement for a total of $206.91. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$206.91** 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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [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

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 of WC002 for services performed on **04/09/2015**.
- The Claims Administrator's denial rationale "Report by a secondary treating physician is not separately reimbursable per the OMFS. Our records indicate other Provider is the PTP"
- Research on the Provider's web-site indicates the Provider as part of an Orthopedic Group which bills under the same TIN.
- Authorization for Transfer of Care letter dated 2/3/2015 was identified in this review listing one of the Group Providers.
- Provider billed CPT code 99213 along with WC002 on the CMS 1500. Box #17 shows the same Network Provider as box #31. Claims Administrator did reimburse CPT 99213 for date of service 4/9/2015.
- Opportunity to Dispute Edibility sent to Claims Administrator on 09/16/2015; no response received.
- Based on the aforementioned documentation and guidelines, reimbursement is warranted for WC002.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC002

Date of Service: 04/09/2015						
Provider Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
WC002	$11.91	$0.00	$11.91	1	$11.91	$11.91 Due to Provider

Copy to:

[redacted]

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