

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 2, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001809	Date of Injury:	06/16/2013
Claim Number:	[REDACTED]	Application Received:	10/05/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/21/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC007-30		

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. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$195.00** 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,

Paul Manchester, M.D., M.P.H.
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
- OMFS

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 for WC007 – 30 Consultation Reports, performed on **01/21/2015**.
- The Claims Administrator denied service with rationale “The charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance.”
- §9789.14. Reimbursement for Reports, Duplicate Reports, Chart Notes. The following treatment reports are separately reimbursable. (5) Consultation Reports that are separately reimbursable. The following reports are separately reimbursable. Consultation reports requested by the Qualified Medical Evaluator (“QME”) or Agreed Medical Evaluator (“AME”) in the context of a medical-legal evaluation. Use WC007, modifier -30.
- Request for “EMG/NCV and Neurodiagnostic Testing and Consultation Report of Bilateral Lower Extremity,” **dated 01/15/2015**, from Referring QME to Provider.
- WC007 - \$38.68-for first page - maximum of six pages absent mutual agreement (\$157.68)
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for WC007-30.**
- EOR received dated 10/15/2015 shows Claims Administrator submitted payment to Provider in the amount of \$158.94 after this dispute was filed. As such, Claims Administrator is only responsible for the IBR application fee of \$195.00 due to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC007-30

Date of Service: 01/21/2015						
Physical Medicine						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
WC007-30	\$158.94	\$0.00	\$158.94	1	\$157.68	\$158.94 already paid to Provider for WC007-30. \$195.00 due to Provider for IBR fee

Copy to:

[REDACTED]
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