

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 2, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0002030	Date of Injury:	01/04/2011
Claim Number:	[Redacted]	Application Received:	11/03/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	03/19/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95904 x 4, 95903 x 2, 95864, and 95934		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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, MD, MPH
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: N/A
- 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 seeking remuneration for codes 95904 x 4, 95903 x 2, 95864, and 95934 performed on date of service 03/19/2013
- Submitted claim form shows Provider billed codes on a CMS 1500 form addressed to **York Insurance Services** on 9/8/2015.
- **WellComp** EOR dated 09/28/2015 shows denial rationale “This service requires prior authorization and none was identified”
- Authorization received shows **Corvel** approving “EMG/NCS” and dated January 31, 2013.
- Corvel submitted EOR showing a payment was made in the amount \$734.42 with payment ID number 273091 and dated 06/04/2013.
- Provider did not dispute Corvel’s submission of the EOR showing a payment already made for date of service 3/19/2013.
- As EOR shows this claim was processed and paid in 6/2013, no further reimbursement is recommended.

The table below describes the pertinent claim line information.

