

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 1, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000317	Date of Injury:	02/05/2014
Claim Number:	[Redacted]	Application	03/02/2015
Assignment Date:	04/03/2015		
Claims	[Redacted]		
Date(s) of service:	09/09/2014 – 09/09/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	22551		

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 \$1,240.15 in additional reimbursement for a total of \$1,435.15. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,435.15** 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).

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
- 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 Hospital Outpatient remuneration for 22551 Neck Spine Fusion performed on 09/09/2014.**
- The Claims Administrator reimbursed \$3,941.21 (EOR 10/22/2014 & Additional Payment 3/31/2015) with the following rationale: “This charge was adjusted to comply with the rules and the rates of the contract indicated.”
- UB-04 reflects \$3,941.14 charge for CPT 22551.
- Contract submitted for IBR states the following: “For services covered under Workers’ Compensation, payment shall be in accordance with the California Workers’ Compensation official Medical Fee Schedule.”
- OMFS dictates HOPPS reimbursement based on the following: a follows: APC relative weight x adjusted conversion factor x 1.212 workers’ compensation multiplier, pursuant to Section 9789.30(aa).
- Although the Claims Administrator reimbursed the Provider the UB-04 billed amount, contractual agreement states OMFS will dictate reimbursement rates.
- Provider seeking additional \$1,994.55.
- Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 22551.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 22551

Date of Service: 09/09/2014							
OPPS							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
22551	\$3,941.15	\$3,941.21	\$1,994.55	N/A	1	\$5,181.36	OMFS – Reimbursed Amount = \$1,240.15 Due Provider.

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