

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 8, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000321	Date of Injury:	IW 1- 07/16/2012 IW 2 - 10/15/2013 IW 3 - 04/21/2014
Claim Number:	[REDACTED] [REDACTED] [REDACTED]	Application Received:	03/06/2015
Assignment Date:	04/14/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	IW 1 - 10/03/2014 IW 2 - 08/09/2014 IW 3 - 07/11/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED] [REDACTED] [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: 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.

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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 additional remuneration for WC002 PR2 Reports for multiple Injured Workers on Multiple Dates of Service.**
- EORs for each Injured Worker reflect the Claims Administrator's reimbursement rational as follows:
 - Network Allowance.
- EORs for each Injured Worker reflects WC002 reimbursement at 65% OMFS.
- IBR Application reflects Claims Administrator Listed on 1st and 2nd EOR.
- Correspondence from the Provider to the Claims Administrator presented for IBR, indicates the Provider is not aware of a contractual agreement.
- Provided documentation does not include a response from Claims Administrator regarding Contractual Agreement status.
- **Labor Code § 4611 states:** (a) When a contracting agent sells, leases, or transfers a health provider's contract to a payor, the rights and obligations of the Provider shall be governed by the underlying contract between the health care provider and contracting agent.
- **Pursuant to LC § 5307.11** – “the medical fee schedule shall not apply to the contracted reimbursement rates.” California State Assembly Bill 1177 amended the Labor Code effective January 1, 2002 to add §5307.11:
- **LC § 5307.11 states:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant

to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, **the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.**

- **§ 9792.5.7 (b)** Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of contested liability **or the applicability of a contract for reimbursement rates** under Labor Code 5307.11 shall be resolved before seeking independent bill review.
- Based on the aforementioned guidelines, IBR is prohibited from resolving conflicts contractual in nature.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: WC002

Date of Service: Multiple							
Provider Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
WC002 IW1	\$11.91	\$7.74	\$4.17	N/A	1	\$7.74	Refer to Analysis
WC002 IW2	\$11.91	\$7.74	\$4.17	N/A	1	\$7.74	Refer to Analysis
WC002 IW3	\$11.91	\$7.74	\$4.17	N/A	1	\$7.74	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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