

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 11, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000425	Date of Injury:	05/23/2014
Claim Number:	[REDACTED]	Application Received:	03/24/2015
Assignment Date:	04/20/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/25/2014 – 11/25/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99202 and WC007		

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, 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 99203 New Patient and WC007 Consultation Reports for date of service 11/25/2014.**
- EOR reflects Claims Administrator's reimbursement rational as follows:
 - **99202 – The charge was adjusted to comply with the rules and the rates of the contract indicated.**
 - **WC007 – The charge was adjusted to comply with the rules and the rates of the contract indicated.**
- EOR indicates Provider was reimbursed for billed services: 99202 and WC007.
- IBR application states “insurance issue” and failure to “pay in accordance to (OMFS) fee schedule.”
- EOR 02/25/2015 indicates “written confirmation” of “terminated” contract.
- Correspondence dated 3/16/2015 from Claims Administrator to Provider states the Provider is “contracted.”
- It appears the Provider is challenging contractual status with Claims Administrator.
- **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.
- **Research** on the Claims Administrator's web-site listed on the IBR application indicates the contracting agent and lists the Provider as part of the network.

