

**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 30, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000587	Date of Injury:	02/26/2014
Claim Number:	[Redacted]	Application Received:	04/16/2015
Assignment Date:	04/28/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	01/05/2015 – 01/05/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	WC004 x5 Units & 99499 x 2 Units		

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 \$206.56 in additional reimbursement for a total of \$401.56. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$401.56** 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
- 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 99499 x 2 units, and WC004 x 4 units for date of service 01/05/2015.**
- Claims Administrator denied services as “non -compensable.”
- **Authorization** signed by Claims Administrator **10/23/2014 approved**, specifically, WC004 and 99499 with the Provider’s Usual and Customary Charge. The services were approved for 01/05/2015 New Patient Consultation/Evaluation.
- **Pursuant to LC § 5307.11:** 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**.
- The aforementioned 10/23/2014 documentation is contractual in nature. As such, the contractual rates apply pursuant to LC § 5307.11.
- **Based on the aforementioned documentation and guidelines, reimbursement is warranted for WC004 x5 and 99499 x2.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: WC004 x5 & 99499 X2**

<b>Date of Service:</b> 01/05/2015							
<b>Pharmacy</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99499	\$72.68	<b>\$0.00</b>	\$72.68	N/A	2	\$72.68	<b>Refer to Analysis</b>
WC004	\$133.88	\$0.00	\$133.88	N/A	5	\$133.88	<b>Refer to Analysis</b>

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