

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 16, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000952	Date of Injury:	10/04/2006
Claim Number:	[Redacted]	Application Received:	06/10/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	02/16/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	73030 and 73110		

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 \$45.18 in additional reimbursement for a total of \$240.18. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$240.18 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

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: PPO Discount 5%
- 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 is dissatisfied with reimbursement of codes 73030 and 73110
- Claims Administrator down coded 73030 and 73110 indicating on the Explanation of Review “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance” and “The billed service does not meet the requirements of a consultation”
- Provider billed a new patient Evaluation and Management CPT 99205 and x-ray codes 73030 and 73110
- Documentation submitted includes the Provider’s report which states “Three view x-rays of the right and left wrists were obtained and reviewed.” Also documented “Three views of the right and left shoulders were also obtained.”
- Provider also submitted x-rays taken which includes three separate views of the left and right wrists and three separate views of the right and left shoulders.
- Based on information reviewed, additional reimbursement of codes 73030 and 73110 is warranted.
- A 5% PPO discount is to be applied to reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 73030 and 73110

Date of Service: 02/16/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
73030-RT	\$95.00	\$38.40	\$14.24	1	N/A	\$50.01	DISPUTED SERVICE: Allow reimbursement \$11.61
73110-RT	\$85.00	\$50.72	\$10.72	1	N/A	\$61.70	DISPUTED SERVICE: Allow reimbursement \$10.98
73030-LT	\$95.00	\$38.40	\$14.24	1	N/A	\$50.01	DISPUTED SERVICE: Allow reimbursement \$11.61
73110-LT	\$85.00	\$50.72	\$10.72	1	N/A	\$61.70	DISPUTED SERVICE: Allow reimbursement \$10.98

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