

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 31, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001070	Date of Injury:	3/01/2007
Claim Number:	[Redacted]	Application Received:	07/01/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	10/16/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	WC004		

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, 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:
- National Correct Coding Initiatives
- Other: § 9789.12.1 Physician Fee Schedule: Official Medical Fee Schedule for Physician and Non-Physician Practitioner Services – For Services Rendered On or After January 1, 2014

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 denial of WC004
- Claims Administrator denied code indicating on the Explanation of Review “Standard reports are included in the value of the services performed, and should be billed separately”
- Provider is the Primary Treating Physician
- Provider billed WC004, Primary Treating Physician’s Permanent and Stationary Report, along with ML 104 which was reimbursed.
- Page 30 of Provider’s ML 104 report documents “Patient’s psychological condition has reached a permanent and stationary status”. Provider then describes the Patient’s psychological test scores to determine permanent psychiatric disability/impairment.
- A separate report was submitted detailing the psychological testing that was performed on the patient.
- A separate Primary Treating Physician’s Permanent and Stationary Report was not submitted for review.
- The Permanent and Stationary status was documented in the ML 104 and therefore, a separate report for the identical information would be inappropriate for the Provider to bill.

- Based on information reviewed, reimbursement of WC004 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code WC004

Date of Service: 10/16/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
WC004	\$2600.00	\$0.00	\$2600.00	52	N/A	\$0.00	DISPUTED SERVICE: Reimbursement is not warranted.

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