

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 7, 2015

██████████
██████████
██████████████████

IBR Case Number:	CB15-0002157	Date of Injury:	09/19/2013
Claim Number:	██████████	Application Received:	11/16/2015
Claims Administrator:	████████████████████		
Date(s) of service:	09/19/2013 and 09/20/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	26951-F7 and 26951-F8		

Dear ██████████

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: ██████████
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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: Partial Contract Received
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 seeking remuneration of codes 26951-F7 and 26951-59-F8 performed on dates of service 09/19/2013 and 09/20/2013
- Provider reimbursed codes with indication on the Explanation of Review “This charge was adjusted to comply with the rate and rules of the contract indicated.”
- Exhibit ‘H’, partial PPO contract Provider submitted documents “lessor of 98% of the State Workers Compensation or the First Health PPO Schedule effective January 1, 2012”
- First Health PPO Schedule was not identified in review.
- Without the entire PPO contract to view, the ‘Lessor of’ fee schedule cannot be determined. Therefore, a decision in favor of the Provider cannot be overturned.
- Based on guidelines and documentation reviewed, additional reimbursement of 26951-F7 and 26951-59-F8 is not indicated.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 26951-F7 and 26951-59-F8

Date of Service: 09/19/2013 and 09/20/2013						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
26951-F7 and 26951-59-F8	\$4973.35	\$1473.40	\$1969.10	Yes	\$0.00	Refer to Analysis

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