

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 13, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000075	Date of Injury:	04/09/2015
Claim Number:	[REDACTED]	Application Received:	01/16/2016
Assignment Date:	02/04/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/08/2015 – 10/08/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	WC012		

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 remuneration for WC012 for date of service 10/08/2015.**
- The Claims Administrator denied services as “not necessarily owed.”
- **OMFS Code Description: WC012 Missed Appointments. This code is designated for communication only. It does not imply that compensation is owed.**
- Submitted documentation includes a RFA signed by the Claims Administrator on 08/13/2015, authorizing the following services:
  - ML102-ML104
  - WC012
- **Appointment Reminder** addressed to the Injured Worker, dated 08/14/2015 indicates appoint date and time as follows:
  - **09/15/2015 at 01:30 pm**
- CMS 1500 and SBR Request reflects the following date of service:
  - **10/05/2015**
- Med-Legal Consultation Report not received for IBR.
- Progress Notes not Received for IBR.
- Documentation regarding a missed appointment for date of service 09/15/2015, or subsequent visit, has not been submitted for this review.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for WC012.**

The table below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: WC012

Date of Service: 10/08/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
WC012	\$350.00	\$0.00	\$350.00	1	\$0.00	Refer to Analysis

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

[REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]