
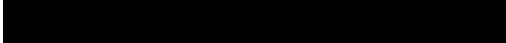
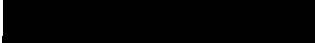
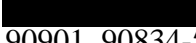


MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
(855) 865-8873 Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 24, 2020



IBR Case Number: CB20-0000045
Claim Number: 
Assignment Date: 01/31/2020
Claims Administrator: 
Date(s) of service: 11/07/2019 – 11/07/2019
Provider Name: 
Employee Name: 
Disputed Codes: 90901, 90834-59, WC002
Date of Injury: 09/03/2019
Application Received: 01/14/2020

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: 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 \$180.00 for the review cost and \$0.00 in additional reimbursement for a total of \$180.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$180.00** 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).

Sincerely,

MAXIMUS Federal Services

Cc: [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
- Contractual Agreement

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 90834-59, 90901, and WC002 services submitted for date of service 11/07/2019.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 01/15/2020. Response received 01/30/2020. Claims Administrator issued additional payment on check [REDACTED] in the amount of \$5.42 on 01/28/2020.
- The CMS1500 reflected the place of service 11 with the zip code of [REDACTED] in box 32:
 - 90901
 - 90834-59
 - WC002
- EORs reflects \$188.03 reimbursed with the rationale “Charge is greater than fee schedule allowance.”
- Procedure codes 90901, 90834, and WC002 are not in question. Reimbursement rate is in question.
- Claims Administrator reimbursed based on Box 33, the billing address zip code, not Box 32, the rendering location zip code.
- 01/01/2019 fee schedule which includes a Geographic Practice Cost Index by locality corresponding to the county or zip code where service was provided.
 - **Provider Zip:** [REDACTED]
 - **Locality** [REDACTED], CA
 - 90901 Work RVU * GPCI:.44075 Non-Facility PE RVU * GPCI: .9275 MP RVU * GPCI: .00842
 - 90834 Work RVU * GPCI:2.15 Non-Facility PE RVU * GPCI: .6095 MP RVU * GPCI: .02947
- Reimbursement rate indicated for 90834-59 and 90901 based on location of facility ZIP code [REDACTED] (Box 32), additional reimbursement is indicated. WC002 California specific code paid at fee schedule. **90834-59 and 90901 Overturned. WC002 upheld.**
- Contractual agreement indicates 95% OMFS.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 90834-59 and 90901. Additional reimbursement is not indicated for WC002.**

The table(s) below describe the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90901, 90834-59, WC002

Date of Service: 11/07/2019

Physician

Service Code	90834-59
Provider Billed	\$127.87
Plan Allowed	\$118.47 \$3.00 (post IBR receipt)
Dispute Amount	\$9.40
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$121.47
Notes	Overturn 2.78897 (RVU & GPCI Total) *45.85 (CF) = 127.87 * .95 (PPO) = 121.47 - \$121.47 (Plan allowed) = \$0.00 \$180.00 IBR filing fee Due Provider Refer to Analysis

Service Code	90901
Provider Billed	\$63.12
Plan Allowed	\$57.54 \$2.42 (post IBR receipt)
Dispute Amount	\$5.58
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$59.96
Notes	Overturn 1.37667 (RVU & GPCI Total) *45.85 (CF) = 63.12 * .95 (PPO) = 59.96 - 59.96 (Plan allowed) = \$0.00 Due Provider Refer to Analysis

Service Code	WC002
Provider Billed	\$12.65
Plan Allowed	\$12.02
Dispute Amount	\$.63
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$12.02
Notes	Upheld 12.65 (OMFS) * .95 (PPO) = 12.02 – 12.02 (Plan allowed) \$0.00 Due Provider Refer to Analysis

Copy to:

