

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

July 24, 2020

REDACTED
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IBR Case Number	CB20-0000744
Claim Number	REDACTED
Assignment Date	05/29/2020
Claims Administrator	REDACTED
Date(s) of service	03/10/2020 – 03/10/2020
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	90834-59, 90901
Date of Injury	10/20/2019
Application Received	05/07/2020

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 \$180.00 for the review cost and \$6.83 in additional reimbursement for a total of \$186.83. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$186.83** 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
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 is seeking remuneration for 90901, 90834-59 submitted for date of service 03/10/2020.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 05/13/2020. Response received 05/26/2020. Claims Administrator provided no position statement only copies of EORs.
- CMS 1500, place of service 11 with the zip code REDACTED in box 32:
 - 90901
 - 90834-59
 - WC002
- EORs reflect reimbursement of \$177.44. \$52.95 for 90901. \$111.60 for 90834-59. \$12.89 for WC002. Charge exceeds the OMFS and has been adjusted to the scheduled allowance. Charge was adjusted to comply with the rate and rules of the contract indicated.
- Claims Administrator reimbursed based on Box 33 (the billing address zip code) not Box 32 (the rendering location zip code).
- OMFS 2020 Geographic Practice Cost Index by locality corresponding to the county where service was provided:
 - Provider Zip: REDACTED
 - Locality: REDACTED, CA
 - 90901 Work RVU + GPCI: 0.44116; Non-Facility PE RVU + GPCI: 0.95544; MP RVU + GPCI: 0.0088
 - 90834 Work RVU + GPCI: 2.152; Non-Facility PE RVU + GPCI: 0.71658; MP RVU + GPCI: 0.0352
- Contractual Agreement Addendum A indicates reimbursement for Workers' Compensation shall be a 15% discount from the rate/fee established.
- Reimbursement received in the amount of \$177.44, which is less than the contract amount. Reimbursement will be based on 85% OMFS utilizing service facility location zip code 94596 (Box 32). **90901, 90834-59 Overturned.**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for 90901 and 90834-59.**

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

DETERMINATION OF ISSUE IN DISPUTE: 90901, 90834-59

Date of Service: 03/10/2020

Physician

Service Code	90901
Provider Billed	\$65.75
Plan Allowed	\$52.95
Dispute Amount	\$12.80
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$55.89
Notes	Overturn 1.4054 (RVU & GPCI Total) * 46.7900 (CF) = \$65.75 * .85 (PPO) = \$55.89 - \$52.95 = \$2.94 Due Provider Refer to Analysis

Service Code	90834-59
Provider Billed	\$135.86
Plan Allowed	\$111.60
Dispute Amount	\$24.26
Assist Surgeon	N/A
Units	1
Workers' Comp Allowed Amt.	\$115.49
Notes	Overturn 2.90378 (RVU & GPCI Total) * 46.7900 (CF) = \$135.86 * .85 (PPO) = \$115.49 - \$111.60 = \$3.89 Due Provider Refer to Analysis

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