

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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 14, 2021

REDACTED
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IBR Case Number	CB21-0000485
Claim Number	REDACTED
Assignment Date	04/05/2021
Claims Administrator	REDACTED
Date(s) of service	10/05/2020 - 10/05/2020
Provider Name	REDACTED
Employee Name	REDACTED
Disputed Codes	WC002
Date of Injury	06/30/2013
Application Received	03/15/2021

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 \$12.12 in additional reimbursement for a total of \$192.12. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$192.12** 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 WC002 submitted for date of service 10/05/2020.**
- Opportunity to Dispute Eligibility was communicated with the Claims Administrator on 03/18/2021. Response received 03/25/2021. Claims Administrator provided copy of EOR dated 03/22/2021, showing an allowance of \$11.39. No check information was provided.
- CMS 1500, place of service 11
 - 99442-95
 - WC002
- EORs reflect reimbursement of \$99.56 for 99442. Repriced to your PPO contract. Zero reimbursement for WC002 with the rationale: this report is non-reimbursable under CCR section 9785 and the OMFS labor code 5307.1.
- § 9785. Reporting Duties of the Primary Treating Physician.
 - (1) The “primary treating physician” is the physician who is primarily responsible for managing the care of an employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter.
- Submitted letter from the Claims Administrator dated 07/25/2018, identifies the rendering provider as the Primary Treating Physician. Submitted documentation appears to meet the definition of a Primary Treating Physician’s Report. **WC002 Overturned.**
- Submitted contractual agreement indicates reimbursement shall be 94% OMFS or billed charges whichever is less. However, EORs reflect a 6% PPO discount, therefore reimbursement will be based on 94% OMFS.
- Zero reimbursement received for WC002. Reimbursement is due up to the contracted rate of 94% OMFS.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for WC002.**

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

DETERMINATION OF ISSUE IN DISPUTE: WC002

Date of Service: 10/05/2020

Physician

Service Code	WC002
Provider Billed	\$50.00
Plan Allowed	\$0.00
Dispute Amount	\$12.89
Assist Surgeon	N/A
Units	1
Workers’ Comp Allowed Amt.	\$12.12
Notes	Overturn \$12.89 (OMFS) * .94 (PPO) = \$12.12 Due Provider Refer to Analysis

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