MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 11, 2016

[redacted]

IBR Case Number:	CB16-0000472	Date of Injury:	09/16/2014
Claim Number:	[redacted]	Application Received:	03/21/2015
Assignment Date:	April 7, 2016		
Claims Administrator:	[redacted]		
Date(s) of service:	12/07/2015 – 12/09/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99082		

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]

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 99082 Unusual Physician Travel submitted for service dates 12/07/2015 – 12/09/2015.**
- The Claims Administrator denied reimbursement with the following rational: "included in the value of another service performed on the same day."
- SBR indicates 99082 RFA authorization not received and therefore authorized "by default."
- **Administrative Rules Article 5.5.0. § 9792.5.7**. Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if **the only dispute between the provider and the claims administrator is the amount of payment owed to the provide**r. Any other issue, **including issues of contested liability** or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review. (Emphasis added)
- IBR unable to determine authorization for submitted service.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for submitted CPT Code 90880.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90880

Date of Service: 12/07/2015 – 12/09/2015 Physician Services						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
90880	$900.57	$0.00	$321.27	5	$0.00	**Refer to Analysis**

[redacted]

[redacted]

[redacted]

[redacted]