

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

February 19, 2016

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB16-0000108	Date of Injury:	09/25/2013
Claim Number:	[Redacted]	Application Received:	01/25/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	09/28/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99205, 99354, and 72148-26		

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 99205, 99354 and 72148-26 for date of service 09/28/2015.**
- Denied EORs received show “balance forward bill”
- Provider’s report submitted states services for a surgical spine evaluation consultation.
- Provider billed services as a secondary treating physician, not the primary treating physician.
- As a secondary treating physician, authorization for services must be approved or certified by Claims Administrator.
- RFA with primary treating physician’s signature was submitted for review.
- Certification or Approval from Claims Administrator, for services by a secondary treating physician, was not identified in review.
- Pursuant §9792.9 Utilization Review Standards: (j) A written decision approving a request for treatment authorization under this section shall specify the specific medical treatment service approved.
- Communication from Claims Administrator disputing IBR eligibility states services performed on 9/28/2015 were “unauthorized”
- **Based on the aforementioned documentation and guidelines, reimbursement for 99205, 99354 and 72148-26 is Upheld.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99205, 99354 and 72148-26**

<b>Date of Service:</b> 09/28/2015						
Physician Services						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99205	\$505.44	\$0.00	\$252.72	1	\$0.00	<b>Refer to Analysis</b>
99354	\$241.94	\$0.00	\$120.67	1	\$0.00	<b>Refer to Analysis</b>
72148-26	\$225.30	\$0.00	\$112.65	1	\$0.00	<b>Refer to Analysis</b>

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