

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 19, 2016

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

IBR Case Number:	CB16-0000473	Date of Injury:	09/04/2012
Claim Number:	[REDACTED]	Application Received:	03/21/2016
Assignment Date:	04/07/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/09/2014 – 10/09/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99204 and WC007-30		

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 99204 – 25 New Patient Evaluation and WC007-30 Consultation Reports submitted for date of service 11/07/2014.**
- The Claims Administrator denied services on initial and subsequent EOR's indicating the services were bundled into other services performed on the same day. Bill number "8640646" is referenced as the main services for date of service 10/09/2014.
- EOR (bill) 8640646 was not submitted for this review.
- EOR Receive Date 06/15/2015 and EOR Receive Date 02/08/2016, bill number 9182150-3, does not reflect WC007-30. WC001, Initial Treatment Report/Doctor's first report of injury is reflected.
- CMS 1500 form, dated 07/15/2015, **after initial EOR 06/15/2015**, does not reflect WC001 or that the submission is a corrected claim.
- Initial CMS 1500 not submitted for IBR.
- CMS 1500, dated 07/17/2015, and SBR Application Indicates 99204-25 and WC007-30.
- Bill Reference Number 8640646 not submitted for IBR.
- With the submitted documentation, it is unknown whether another Consultation or Report service was submitted for date of service 11/07/2014. Without the initial CMS 1500, reflecting the initial claims submission, and EOR, (bill) 8646046, referenced by the Claims Administrator, IBR unable to capture the entirety of services billed by the Provider for this Injured Worker on date of service 11/07/2014. Additionally, the Provider affixed Modifier -25 to CPT 99204. Modifier -25 indicates that a significantly separately identifiable E&M service was performed, further supporting IBR's need for documentation referring to EOR (bill) 8640646 and the initial CMS 1500.
- **Based on the aforementioned documentation reimbursement cannot be determined for 99204-25 and WC007-30.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99204-25 and WC007-30

Date of Service: 11/07/2014						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99204 - 25	\$354.10	\$0.00	\$191.11	1	\$0.00	Refer to Analysis
WC007-30	\$158.94	\$0.00	\$158.94	1	0.00	Refer to Analysis

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