Independent Bill Review Final Determination Upheld

4/23/2014

Re:  Claim Number:  
Claims Administrator Name:  
Date of Disputed Services:  5/21/2013 – 5/21/2013  
MAXIMUS IBR Case:  CB13-0000257

Dear

Determination
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/8/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator’s determination is upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:
- 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
- Other: Official Medical Fee Schedule
Supporting Analysis:
The dispute regards the denial of extracorporeal shockwave treatment (99199) and report services (99080) performed on date of service 5/21/2013. The Claims Administrator denied the billed procedure codes with the explanation “This service requires prior authorization and none was identified. These are non-covered services because this is not deemed a “medical necessity” by the payer.”

The Independent Bill Review (IBR) case was forwarded to the Department of Workers’ Compensation (DWC) for an eligibility review. The DWC deemed the case eligible for the IBR process.

CPT 99199 – Unlisted special service or report
CPT 99080 - Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.

The Provider submitted the Extracorporeal Shockwave (ECSWT) Procedure Report and a request for ECSWT procedure. MAXIMUS requested a copy of the authorization letter for the ECSWT procedure performed in 5/21/2013, an authorization was not received; therefore, it does not appear the services were authorized or performed and billed within the Claims Administrator’s guidelines. Reimbursement is not warranted for the billed procedure codes 99199 and 99080.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 99199 and 99080 for date of service 5/21/2013.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Validated Modifier</th>
<th>Validated Modifier</th>
<th>Validated Units</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>99199</td>
<td>98</td>
<td>93</td>
<td>1</td>
<td>$2475.00</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
<tr>
<td>99080</td>
<td></td>
<td></td>
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<td>$25.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
</tbody>
</table>

Chief Coding Specialist Decision Rationale:
This decision was based on Official Medical Fee Schedule, medical record and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $0.00 is upheld.

This decision constitutes the final determination of the Division of Workers’ Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[Signature], RHIT