INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 19, 2014

Dear [Provider Name],

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 $250.00 for the review cost and $96.90 in additional reimbursement for a total of $346.90. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $346.90 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,

[Chief Coding Reviewer]

cc: [CC Information]
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
- Official Medical Fee Schedule
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: OMFS Physician Services

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 disputing denial of billed codes 99214, WC002, 99070(NDC 54162054004) and 99070(NDC 65162062711).
- Claims Administrator denied all codes indicating on the Explanation of Review “This service requires prior authorization and none was identified.”
- Provider billed CPT 99214 for a follow-up exam on date of service 4/28/2014. Follow-up exams do not require authorization from the Claims Administrator and shall be reimbursed per OMFS. CPT 99214–Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: Detailed history; detailed examination; and medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity.
- Provider’s PR-2 does not meet the 99214 requirements and instead meets the 99213 criteria and shall be reimbursed at 99213 OMFS.
- WC002, Primary Treating Physician’s Progress Report, was submitted for review and is reimbursable pursuant to the OMFS General Information and Instructions.
- NDC #54162054004 (Kera Tek Gel) was authorized by Claims Administrator. However, Provider failed to submit proof of paid cost as requested by IBR and therefore does not warrant reimbursement.
• NDC # 65162062711 (Tramadol) was authorized by Claims Administrator in letter dated March 28, 2014. Submitted additional letter dated April 1, 2014 states an expiration date for Ultram (Tramadol 50 mg) #60: “The medication(s) will continue to be processed through the pharmacy up to the expiration date 04/24/2014 on the utilization review letter.” Date of medication dispensed is 4/28/2014, after the expiration date and therefore does not warrant reimbursement.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Based on information reviewed, reimbursement of codes 99213 and WC002 is recommended.

<table>
<thead>
<tr>
<th>Date of Service: 4/28/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Services</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amt.</th>
<th>Notes</th>
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<td>WC002</td>
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<td>$11.91</td>
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<tr>
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<td>$0.00</td>
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<tr>
<td>NDC 651620627 11</td>
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<td>$0.00</td>
<td>$12.65</td>
<td>60</td>
<td>$0.00</td>
<td>DISPUTED SERVICE: No reimbursement recommended</td>
</tr>
</tbody>
</table>

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