

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 23, 2014

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

<b>IBR Case Number:</b>	CB13-0000610	<b>Date of Injury:</b>	7/3/2010
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	10/16/2013
<b>Claims Administrator:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	99358 and 99080		

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: 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 \$335.00 for the review cost and \$433.57 in additional reimbursement for a total of \$768.57. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$768.57 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[REDACTED]

Chief Coding Reviewer

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
- Official Medical Fee Schedule
- Negotiated contracted rates: First Health Contract

## **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:** Denial of services 99080 and 99358
- Based on review of the Primary Treating Physician Report code 99358 (for 12 units) is substantiated. The physician spent 3 hours on review. Reimbursement to be made for this service.
- A 2% W/C discount will be applied.
- Based on review of case documents, code 99080 will be allowed for 1 unit at the first page amount (6.5 RVUs) and 3 units for the other page amount (4.0 RVUs). This amount is reduced by 5% in accordance with Labor Code Section 5307.1 (k).

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of codes 99080 and 99358 as noted below.

<b>Date of Service:</b> 6/24/2013							
<b>Physician</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99080	\$ 39.98	\$ 0	\$ 39.98	1	Na	\$ 37.97	<b>DISPUTED SERVICE:</b> Reimbursement based on 5% reduction of fee schedule amount.
99080	\$ 73.80	\$ 0	\$ 39.98	3	Na	\$ 70.11	<b>DISPUTED SERVICE:</b> Reimbursement is based on 5% reduction of fee schedule amount for 3 units.
99358	\$ 459.00	\$ 0	\$ 459.00	12	Na	\$ 325.49	<b>DISPUTED SERVICE:</b> Reimbursement is based on a 2% reduction (per contract) of the OMFS amount.

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]  
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