

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 17, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001014	Date of Injury:	11/14/1991
Claim Number:	[Redacted]	Application Received:	07/17/2014
Claims Administrator:	[Redacted]	Assignment Date:	08/20/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99080,99355		

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,

[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

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: ISSUE IN DISPUTE:** Provider is disputing reduction of payment for 99080 and 99355 services performed on 09/24/2013.
- **CPT 99080 (Special Reports).** The Claims Administrator reduction of payment rationale is as follows: “Billing for report and/or record review exceeds reasonableness.”
- Abstracted information from CMS Form and EORs dated 03/18/2014 and 06/25/2014 indicate the Claims Administrator reimbursed the Provider appropriately for the number of units reported on CMS 1500 form for 99080.
- **99355 (Prolonged Services, Face-to-Face Contact).** The Claims Administrator reimbursed the Provider \$90.10 for the following reason: “Charge exceeds the Official Medical Fee Schedule Allowance.”
- Abstracted information from CMS Form and EORs dated 03/18/2014 and 06/25/2014 indicate the Claims Administrator reimbursed the Provider appropriately for the number of units reported on CMS 1500 form for 99355.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation, additional reimbursement of codes 99808 and 99355 is not warranted.

Date of Service: 09/24/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99800	\$408.98	\$39.98	\$369.00	N/A	1	\$39.98	\$0.00 Due Provider Refer to Analysis
99355	\$270.30	\$90.10	\$180.20	N/A	1	\$90.10	\$0.00 Due Provider Refer To Analysis

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