

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 23, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001081	<b>Date of Injury:</b>	07/18/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	08/04/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	09/23/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99285 and 96361		

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 \$250.00 for the review cost and \$496.13 in additional reimbursement for a total of \$746.13. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$746.13 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,

[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: Hospital APC Version 19.2
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

## **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 CPT codes 99285 and 96361.
- Based on the NCCI edits the use of CPT code 99285 is suspect when submitted with CPT code 90471.
- Review of the Explanations of Review, there is no evidence that service code 90471 was paid.
- The medical record notes that this patient came to the Emergency Department following an episode of fainting.
- Although the Provider should have appended a modifier (-25) to indicate that the evaluation service was separate and distinct from the immunization, CPT code 99285 should have been reimbursed since no reimbursement was made for CPT code 90471.

- CPT code 96361 should be denied. Code 96361 is an ‘add on’ code to be used with CPT code 96360. In this case CPT code 96360 was not submitted therefore code 96361 should not be paid.
- Reimbursement should be calculated as follows:  
99285: Adjusted CF \$84.13 x APC RW 4.8338 x WC Multi. 1.22 = \$496.13

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of N/A \$496.13 to be made to the Provider for CPT codes 99285 and 96361.**

Date of Service: 7/18/2013						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
99285	\$ 3166.00	\$ 0	\$ 582.00	N/A	\$ 496.13	<b>DISPUTED SERVICE:</b> Reimbursement of \$496.13 to be made to the Provider.
96391(3 units)	\$ 1866.00	\$ 0	Included in above	N/A	\$0	<b>DISPUTED SERVICE:</b> Deny as not submitted with code 96360.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version V19.2	90471	99285	Allowed

Copy to:

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[REDACTED]