

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 23, 2014

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001087	<b>Date of Injury:</b>	12/24/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	08/04/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	10/31/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99358, 96101		

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 \$271.98 in additional reimbursement for a total of \$521.98. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$521.98 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]  
[Redacted]

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:
- National Correct Coding Initiatives

## 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 code 99358 and reimbursement less than expected for CPT code 96101-59 by the Claim Administrator.
- Based on the NCCI edits the use of code 96101 is suspect when submitted with CPT code 99205.
- The Provider appended modifier '59' to CPT code 96101 to indicate that the service was separate and distinct. Based on review of the case documentation allow reimbursement of code 96101-59 as separate and distinct service.
- The case file includes a document dated 3/25/14 when a representative from the Claim Administrator signed off on the services provided. However, the date of service (3/10/14) was prior to the agreement.
- Based on the documents and authorizations reviewed, CPT code 99358 is not separately payable per the 2014 Official Medical Fee Schedule (OMFS) Physician Regulations. There is no notation in the OMFS fee schedule of exceptions be allowed regarding the bundling of services with status codes of "B". This visit was paid correctly as per 2014 OMFS. Record review services are bundled into the office visit under CPT code 99205.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of \$271.98 for CPT code 96101-59 to be reimbursed. No additional reimbursement warranted for CPT code 99358.

Date of Service: 3/10/2014							
Physician							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99358	\$ 374.73	\$ 0	\$ 374.73	n/a	n/a	\$ 0.00	<b>DISPUTED SERVICE:</b> Deny based on OMFS fee schedule.
96101-59 (5 units)	\$ 498.63	\$ 181.32	\$ 317.31	n/a	n/a	\$453.30	<b>DISPUTED SERVICE:</b> Allow additional reimbursement of \$271.98.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 19.3	99205	96101	Allowed
Physician Version Number: 19.3	99354	96101	Allowed
Physician Version Number: 19.3	99355	96101	Allowed

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