

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 23, 2014

[REDACTED]

IBR Case Number:	CB14-0001174	Date of Injury:	2/12/2014
Claim Number:	[REDACTED]	Application Received:	8/20/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99358		

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 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]

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
- Other: Answers to frequently asked questions about the workers' compensation Physician and Non-Physician Practitioner Fee Schedule. See http://www.dir.ca.gov/dwc/FAQ/RBRVS_Faqs.html

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:** Claim Administrator denied code 99358.
- Per Title 8, CCR §9789.12.8. CPT Code 99358 and CPT Code 99359 are both listed as status code "B" in column D of the Medicare Physician Fee Schedule Relative Value File which is effective as the OMFS for dates of service 1/1/2014. Status code "B" means: "Bundled Code. Payment for covered services are always bundled into payment for other services not specified...." Therefore code 99354 should not be reimbursed in addition to code 99214. No reimbursement allowed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99358 was appropriately denied.

Date of Service: 3/26/2014							
Physician							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99358	\$ 126.95	\$ 0	\$ 126.95	na	na	\$ 0	DISPUTED SERVICE: Service denied appropriately.
99205	\$ 246.83	\$ 237.67	\$ 0	na	na	Not in Dispute	Service not in dispute
99354	\$ 117.03	\$ 114.35	\$ 0	na	na	Not in Dispute	Service not in dispute
99355	\$571.75	\$ 558.40	\$ 0	na	na	Not in Dispute	Service not in dispute
96101	\$466.64	\$0	\$0	Na	na	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
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