

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 28, 2014

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

<b>IBR Case Number:</b>	CB14-0001200	<b>Date of Injury:</b>	09/28/2010
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	08/25/2014
<b>Claims Administrator:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	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.

IBR Case Assigned: 9/24/2014

**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]  
[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
- National Correct Coding Initiatives
- Other: CMS Physician Fee Schedule Tables

**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:** The Provider is dissatisfied with the reimbursement of \$0.00 for CPT 96101
- Following services were billed by the Provider for Date of Service 4/8/2014: 99205; WC002; 96101; and 99070 x3.
- Based on the NCCI edits: Physician Version 20.1 identifies CPT 96101 as a code pair with 99204. This code pair generally cannot be reported together, unless supported by documentation and appropriate modifier is appended.
- Based on review of the supplied billing documentation: The billed CPT 96101 lacked the appropriate modifier to substantiate reimbursement.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Reimbursement of code 96101

<b>Date of Service:</b> 4/8/2014							
<b>Physician</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
96101	\$ 600.00	\$ 0.00	\$ 271.98	N/A	3	\$0.00	<b>DISPUTED SERVICE:</b> No additional reimbursement due.

99205	\$650.00	\$237.67	N/A	N/A	N/A	N/A	<b>NOT A DISPUTED SERVICE</b>
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National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.1	99205	96101	Allowed

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