

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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 02, 2015

[REDACTED]
 [REDACTED]
 [REDACTED]

*Consolidated review on fourteen injured workers

IBR Case Number:	CB14-0001070	Date of Injury:	1/8/2014 IW1; 1/30/2014 IW2; 3/6/2014 IW3; 3/25/2014 IW4; 4/1/2014 IW5; 4/9/2014 IW6; 10/16/2013 IW7; 3/5/2014 IW8; 1/27/2014 IW9; 3/2/2014 IW10; 2/18/2014 IW11; 1/27/2014 IW12; 11/7/2013 IW13; 1/4/2014 IW14
Claim Number:	[REDACTED]	Application Received:	8/1/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/3/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99204		

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 \$789.62 in additional reimbursement for a total of \$1039.62. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1039.62 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]
Medical Director

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: PPO Contract Discount 5%
- 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:** Provider is dissatisfied with reimbursement of CPT 99204 on fourteen separate injured workers.
- Claims Administrator down-coded 99204 to 99203 on thirteen of the injured workers indicating on the Explanation of Review “The billed service does not meet the requirements of a consultation.”
- 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; a comprehensive examination; Medical decision making of moderate complexity.
- Provider submitted detailed reports on all fourteen injured workers which supports the billing of code 99204 and therefore, additional reimbursement of code 99204 is warranted.
- Documentation was submitted stating a 5% discount is to be applied to reimbursement.
- Injured Worker 14 was reimbursed for code 99204 less the PPO discount of 5% and therefore, no additional reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99204 is warranted.

Date of Service: Multiple Injured Workers and Dates of Service							
Physician Services							
Injured Worker & Date of Service	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
IW1 1/12/2014	\$191.11	\$118.80	\$66.06	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.75
IW2 3/3/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW3 4/10/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW4 3/25/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW5 4/2/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW6 4/9/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW7 10/17/2013	\$146.12	\$98.67	\$42.26	1	N/A	\$138.81	DISPUTED SERVICE: Allow reimbursement \$40.14
IW8 3/6/2014	\$191.11	\$119.12	\$62.43	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW9 4/4/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW10 3/26/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW11 2/19/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW12 1/27/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW13 1/21/2014	\$191.11	\$119.12	\$65.72	1	N/A	\$181.55	DISPUTED SERVICE: Allow reimbursement \$62.43
IW14 1/4/2014	\$191.11	\$181.55	\$0.00	1	N/A	\$181.55	DISPUTED SERVICE: No reimbursement recommended

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]