

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 20, 2015

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|------------------------------|--------------|------------------------------|------------|
| IBR Case Number: | CB14-0001500 | Date of Injury: | 10/03/2013 |
| Claim Number: | [REDACTED] | Application Received: | 10/06/2014 |
| Claims Administrator: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | 99199, WC007 | | |

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.

Case Assigned: 11/21/2014

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]

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: None
- National Correct Coding Initiatives
- Other: OMFS Physician Fee Schedule

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 denial of CPT 99199 Unlisted and WC007.
- The Claims Administrator denied WC007 services indicating the following: “This report does not fall under the guidelines of a separately reimbursable report.”
- Authorization, dated 02/17/2014, indicates “Physical Exam, X-rays, Initial Urine Toxicology and Review of Past Records,” as requested service. No CPT Codes or Usual and Customary Fee referenced.
- Authorization, certified by Claims Administrator dated 02/17/2014 does not indicate service code fee for “Physical Exam, X-rays, and Review of Records,” and does not indicate a request for “Consultation Reports.”
- Documentation for Date of Service 03/24/2014 indicates the Provider is the “Primary Treating Physician.”
- Under title 8, CCR §9789.12.12 subdivision (c) the following consultation reports are separately reimbursable: 1) consultation reports requested by the Workers' Compensation Appeals Board or the Administrative Director, 2) consultation reports requested by the Qualified Medical Evaluator or Agreed Medical Evaluator. Other consultation reports are not separately payable; reimbursement is "bundled" into the evaluation and management code.

