

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 6, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001870	Date of Injury:	08/17/2006
Claim Number:	[Redacted]	Application Received:	12/05/2014
Claims Administrator:	[Redacted]		
Assigned Date:	1/6/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99215		

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 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,

Paul Manchester, MD, MPH
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:
- National Correct Coding Initiatives
- Other: CPT Guidelines

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 denial of code 99215. Provider billed codes 99215 and 62370 on a CMS 1500 form for date of service 7/15/2014.
- Claims administrator denied code indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day. (99215, 62370)”
- Provider was reimbursed for CPT 62370 which was performed on the same date of service by the same provider. Provider submitted documentation which included a Worker’s Comp Pump Progress Report as supporting documentation for this review.
- According to Title 8, CCR, General Information and Instructions on modifier -25: Significant, separately Identifiable Evaluation and Management service by the same physician on the same day of a procedure or other services. The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. This circumstance is reported by adding the modifier -25 to the appropriate level of E/M service.
- Provider did not bill CPT 99215 with a modifier -25 and therefore no reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99215 is not recommended.

Date of Service: 7/15/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99215	\$350.00	\$0.00	\$129.41	1	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

[REDACTED]

Copy to:

[REDACTED]