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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 13, 2015

[redacted]

IBR Case Number:	CB15-0000103	Date of Injury:	04/07/2006
Claim Number:	[redacted]	Application Received:	01/23/2015
Claims Administrator:	[redacted]		
Assigned Date:	2/19/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	96101 & 96116		

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
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
- National Correct Coding Initiatives
- Other: OMFS Physician's 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**: Provider is dissatisfied with denial of CPT codes 96101 and 96116.
- Provider billed codes along with 99205 and was reimbursed for the evaluation and management code.
- NCCI edits code pair exist between CPT 99205 and 96101; and 99205 and 96116.
- Modifier Indicator column shows '1' which states if a proper modifier is appended to the correct code and documentation supports the use of the procedure code then the edit may be overridden.
- Modifiers that may be used under appropriate clinical circumstances to bypass an NCCI edit include:
  - Anatomic modifiers: E1-E4, FA, F1-F9, TA, T1-T9, LT, RT, LC, LD, RC, LM, RI
  - Global surgery modifiers: 24, 25, 57, 58, 78, 79
  - Other modifiers: 27, 59, 91
- A qualifying modifier was not appended to the column 2 codes: CPT 96101or 96116. Reimbursement is not recommended for the billed codes 96101 or 96116.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 96101 and 96116 is not recommended.

Date of Service: 9/18/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
96101	$ 1650.00	$0.00	$1650.00	9	N/A	$0.00	**DISPUTED SERVICE**: Reimbursement not recommended.
96116	$150.00	$0.00	$150.00	1	N/A	$0.00	**DISPUTED SERVICE**: Reimbursement not recommended

National Correct Coding Initiative information:

File	**Column 1**	**Column 2**	**Modifier**
Physician Version Number: 20.2	99205	96101	Allowed
Physician Version Number: 20.2	99205	96116	Allowed

Copy to:

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Copy to:

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