

**MAXIMUS FEDERAL SERVICES, INC.**

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



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 6, 2015

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

IBR Case Number:	CB15-0000288	Date of Injury:	08/14/2014
Claim Number:	[REDACTED]	Application	03/02/2015
Assignment Date:	05/16/2015		
Claims	[REDACTED]		
Date(s) of service:	10/28/2014 – 10/28/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214-25, WC002, 62367		

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 \$195.00 for the review cost and \$207.98 in additional reimbursement for a total of \$402.98. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$402.98** 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,  
Paul Manchester, M.D

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
- AMA CPT 1997

## 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 seeking \$207.98 remuneration for 99214-25, WC002 and 62367 for date of service 10/28/2014.**
- Claims Administrator denied reimbursement based on “duplicate charge” rational.
- **CPT Code 62367** - Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill
- Documentation supports 62637.
- **CPT 99214 -25** - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:
  - A detailed history;
  - A detailed examination;
  - Medical decision making of moderate complexity.Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
- **Modifier 25:** Significant, Separately Identifiable Evaluation and Management Service by the same physician on the same day of a procedure or other service.
- Documentation supports 99214.
- WC002, Primary Treating Physician Progress Reports.

- Documentation supports ongoing medical treatment.
- Contractual Agreement not received for IBR, OMRS will be utilized.

**DETERMINATION OF ISSUE IN DISPUTE: 99214-25, WC002, 62367**

<b>Date of Service:</b> 10/28/2014							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Assistant Surgeon</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99214-25	\$225.00	\$0.00	\$225.00	1	N/A	\$125.14	Refer to Analysis
WC002	\$60.00	\$0.00	\$60.00	1	N/A	\$11.91	Refer to Analysis
62367	\$870.00	\$0.00	\$870.00	1	N/A	\$70.93	Refer to Analysis

Copy to:

██  
 ██  
 ██

Copy to:

██  
 ██  
 ██