

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 2, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001308	Date of Injury:	08/07/1997
Claim Number:	[Redacted]	Application Received:	08/10/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	04/23/2013, 05/22/2013 & 08/28/2013		
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: 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 \$116.47 in additional reimbursement for a total of \$311.47. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$311.47 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, 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: 10% PPO Discount
- 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 denial of code 99215-25 for three dates of service for this injured worker.
- Provider billed code 99215-25 on a CMS 1500 form. Box 17 of claim form shows the name of the Referring Provider.
- Primary Physicians do not require prior authorization for follow up visits with their patients.
- Change of Primary Treating Physician form was not indicated in this review.
- UR Determination letter dated Friday, April 11, 2014, addressed to Provider filing this dispute, indicates "1 Follow-up visit with Provider between 8/28/2013 and 8/28/2013 is certified"
- Reimbursement for dates of service 04/23/2013 and 05/22/2013 is not warranted as authorization was not indicated in this review.
- Based on information reviewed, reimbursement of 99215-25 for only date of service 8/28/2013 is warranted.
- Provider indicates there is a 10% PPO discount to be applied to reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99215-25

<b>Date of Service:</b> 08/28/2013						
<b>Physician Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99215-25	\$240.00	\$0.00	\$116.47	1	\$116.47	<b>DISPUTED SERVICE:</b> Allow reimbursement \$116.47

Copy to:

██████████  
██████████████████  
██████████████████████████████

Copy to:

██  
██  
██