

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 15, 2015

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

IBR Case Number:	CB15-0000960	Date of Injury:	02/15/2011
Claim Number:	██████████	Application Received:	06/11/2015
Assignment Date:	07/10/2015		
Claims Administrator:	██████████		
Date(s) of service:	04/23/2015 – 04/23/2015		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	99354, 72148-26		

Dear ██████████

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: ██████████  
██

## 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

## 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 full remuneration for submitted 99354 Prolonged Services and 72148-26 MRI Lumbar Spine without dye performed on 04/23/2015.**
- Claims Administrator reassigned denied services based on insufficient documentation.
- **99354, Prolonged Services** – Submitted Consultation Report does not indicate time factor. As such, 99354 services could not be verified.
- New studies and separate reports could not be identified for CPT Codes 72148-26. The Provider indicates reviewing MRI studies dated “02/28/2014.”
- The PC (professional component) of a service is for physician work interpreting a diagnostic test or performing a procedure, and includes indirect practice and malpractice expenses related to that work. Modifier 26 is used with the billing code to indicate that the PC of the entire radiological procedure is being billed. Modifier – 26 Appended to aforementioned previously determined studies, may not be re-billed by another provider.
- Contractual Agreement or Authorization for services not submitted for IBR.
- **Based on the aforementioned documentation and guidelines reimbursement for 99354 & 72148-26 is not indicated.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99354, 72148-26**

<b>Date of Service:</b> 04/23/2015							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
72148-26	\$168.98	\$0.00	\$168.98	1	N/A	\$0.00	Refer to Analysis
99354	\$181.46	\$0.00	\$181.46	1	N/A	\$0.00	Refer to Analysis

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