

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 9, 2016

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

IBR Case Number:	CB16-0000732	Date of Injury:	02/03/2015
Claim Number:	[REDACTED]	Application Received:	05/02/2016
Assignment Date:	05/23/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/30/2015 – 11/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214 and WC007		

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,
MAXIMUS

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
- OMFS

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 remuneration for 99214 Established Patient Evaluation and Management service and WC007-30 Consultation Reports submitted for date of service 11/30/2015.**
- EOR's reflect services denied in full by the Claims Administrator as unauthorized.
- Provider indicates services were requested by PQME.
- Document entitled "EMG/NCV and Neurodiagnostic testing referral form," dated 11/06/2015, indicates Bilateral Upper and Lower Extremity testing (check marked).
- Directives from Legal Parties addressed to the PQME not submitted for IBR; unable to verify if PQME was directed to obtain consultation services.
- **WC007 Consultation Reports** Requested by the Workers' Compensation Appeals Board or the Administrative Director (Use modifier -32) Consultation Reports requested by the QME or AME in the context of a medical-legal evaluation (Section 9789.14(b)(5)). (Use modifier -30).
- **CCR §9789.12.12** subdivision (c) the following consultation reports are separately reimbursable:
 - 1) consultation reports requested by the Workers' Compensation Appeals Board or the Administrative Director,
 - 2) Consultation reports requested by the Qualified Medical Evaluator or Agreed Medical Evaluator. Other consultation reports are not separately payable; reimbursement is "bundled" into the evaluation and management code.
- Documentation supporting an Evaluation and Management services with written consultation reports not submitted for review.
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/03/2016; response received 06/03/2016. The Claims Administrator indicates services were not authorized.
- EOR's indicate Provider was reimbursed for EMG/NCV studies.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99214 and WC007 – 30.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99214 and WC007-30

Date of Service: 11/30/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99214	\$232.26	\$0.00	\$232.26	1	\$0.00	Refer to Analysis
WC007-30	\$158.94	\$0.00	\$158.94	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]