

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 8, 2016

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

IBR Case Number:	CB16-0000779	Date of Injury:	10/02/2013
Claim Number:	[REDACTED]	Application Received:	05/09/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/22/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99204-25 and WC007-30		

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 99204-25 New Patient Evaluation Services and WC007-30 (Consultation Reports Requested by AME or QME), for date of service 12/22/2014.**
- The Claims Administrator denied service codes with rationale “service billed is included in the office visit or another procedure performed.”
- Submitted referral from AME (referring Provider) to Provider indicates the following request:
  - EMG/NCV and Neurodiagnostic testing and Consultation Report of Bilateral Lower Ext.
- **CCR § 9789.12.12 (c)(2)** Consultation reports requested by the Qualified Medical Evaluator (“QME”) or Agreed Medical Evaluator (“AME”) in the context of a medical-legal evaluation. Use WC007, **modifier -30**.
- CMS 1500 reflects 99204-25 and WC007; Modifier -30 appended to WC007.
  - EMG/NCV CPT codes not reflected
- Referring provider AME status verified via written request to AME from Legal Parties.
  - Written request to referring provider states “**All diagnostic testing you require in order to prepare your report must be requested through one call medical telephone**”
  - **QME authorized to perform tests or refer patient to another Provider was not identified in review.**
- Without an authorization to verify if the services were approved, IBR is unable to determine if reimbursement of 99204-25 & WC007-30 is warranted.

- Based on the aforementioned documentation and guidelines, reimbursement is not indicated for 99204-25 & WC007-30.

The table on page 5 describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 99204-25 & WC007-30**

<b>Date of Service:</b> 12/22/2014						
<b>Provider</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>
99204-25 & WC007-30	\$513.04	\$0.00	\$350.05	1	\$0.00	<b>Refer to Analysis</b>

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]