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

7/3/2013

Independent Bill Review Final Determination Reversed

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 1/10/13 – 1/10/13
MAXIMUS IBR Case: CB13-0000010

Dear [redacted],

Determination
A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on 4/11/2013 The Administrative Director of the California Division of Workers' Compensation assigned MAXIMUS Federal Services, Inc. to perform the Independent Bill Review, pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Plan determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $0.00, for a total of $335.00.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:

- 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 or negotiated contact: OMFS
- Other: AMA 2013 CPT Professional Edition Surgical Guidelines, Modifier and Procedure Code Descriptions

Supporting Analysis:
The dispute regards amount paid for an office visit on 1/10/2013. The Provider used CPT 99215 Modifier 25 and requested payment for $129.41. The Claims Administrator denied any payment for CPT 99215 Modifier 25, due to “visit or service billed occurred within the global surgical period and is not separately reimbursable".

The description of CPT code 99215 is office or other outpatient visit for the evaluation and management of an established patient which requires at least 2 of these 3 key components: comprehensive history, comprehensive examination and medical decision making of high complexity. Modifier 25 is used to indicate a significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.

The case was deemed eligible and assigned for review on 5/6/2013. At the time of assignment a copy of the PR2 report and operative report were requested from the Provider to assist in the decision making process. The Provider responded on 5/14/2013 with a letter stating that the Claims Administrator paid the full amount in dispute of $129.41; however, the Provider stated that he was not withdrawing the IBR request due to no reimbursement received for the application fee of $335.00.

Once an IBR application is assigned to the IBRO as eligible, the IBR is closed with a determination by the IBRO, or the applicant withdraws the IBR or the Provider and Claims Administrator settle their dispute regarding the amount of payment of the medical bill. If the Provider and Claims Administrator settle their dispute, they shall make a written joint request for the withdrawal and service it on the independent bill reviewer per section 9792.5.11(a) of the Title 8, California Code of Regulations. MAXIMUS did not receive a joint written statement from both parties, thus, the application remains valid. The Provider has notified MAXIMUS that the original bill amount was paid, only the application fee remains payable to the Provider by the Claims Administrator.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99215	25		1	$129.41	$129.41	$129.41	$0.00	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**$335.00**) and the OMFS amount for CPT 99215 Modifier 25 ($0.00) for a total of $335.00.

The Claims Administrator *is required to reimburse the provider $335.00 within* ***45 days of date on this notice per section 4603.2 (2a).*** *This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(*f).

Sincerely,

[redacted] RHIT

Copy to:
[redacted]

Copy to:
Division of Workers' Compensation Medical Unit
Attention: [redacted]
1515 Clay Street, 18th Floor
Oakland, CA 94612