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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 31, 2014

[redacted]

IBR Case Number:	CB14-0001208	**Date of Injury:**	08/15/2009
Claim Number:	[redacted]	**Application Received:**	08/25/2014
Claims Administrator:	[redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	99199		

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.

IBR Case Assigned: 09/25/2014

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,

[redacted]

cc: [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:
- National Correct Coding Initiatives
- Other: 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 is dissatisfied with the zero reimbursement of CPT code 99199. CPT code 99199 is an unlisted By Report code.
- Provider's request for Independent Bill Review states: "Please note per the 2014 Relative Value Unit CPT code 99191 is a C status code, which is a 'By Report' code. (attachment E) Our submitted medical/legal report falls within those guidelines. On 06/17/14 additional medical records were received after the patient was already seen for their New Patient Evaluation. The Provider spent 2 hours in review of the medical records."
- Based on review of the report submitted, Provider has documented the injured workers medical record from 03/09/2005 through 04/28/2014.
- Pursuant to Title 8, California Code of Regulations, Chapter 4.5 Division of Workers' Compensation, Subchapter 1 Administrator Director-Administrative Rules, Article 5.6 Medical-Legal Expenses and Comprehensive Medical-Legal Evaluations, Section §9793 (2) Definitions: "The cost of medical evaluations, diagnostic tests, and interpreters is not a medical-legal expense unless it is incidental to the production of a comprehensive medical-legal evaluation report, follow-up medical-legal evaluation report, or a supplemental medical- legal evaluation report and all of the following conditions exist: (1) The report is prepared by a physician, as defined in Section 3209.3 of the Labor Code. (2) The report is obtained at the request of a party or parties, the administrative director, or the appeals board for the purpose of proving or disproving a contested claim and addresses the disputed

medical fact or facts specified by the party, or parties or other person who requested the comprehensive medical-legal evaluation report. Nothing in this paragraph shall be construed to prohibit a physician from addressing additional related medical issues."

- Pursuant Title 8, § 9789.12.8 Status Codes effective January 1, 2014, medical record review is billed under CPT code 99358 (Prolonged evaluation and management service before and/or after direct patient care; first hour) and 99359 (each additional 30 minutes). These codes are listed as status code "B" in column D of the Medicare Physician Fee Schedule Relative Value File. Status code "B" means: "Bundled Code. Payments for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident."
- No request or authorization for the injured worker's medical history was found in this review. Provider's report does not meet the requirements for a Medical-legal report, nor did Provider bill appropriately for a Medical-legal report. Therefore, no reimbursement is warranted for the document submitted or any medical review time.

DETERMINATION OF ISSUE IN DISPUTE: Based on information received, no reimbursement is recommended for CPT code 99199.

The table below describes the pertinent claim line information.

Date of Service: 06/17/2014						
[redacted]						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
99199	$800.00	$0.00	$800.00	8	$0.00	**DISPUTED SERVICE: No reimbursement is recommended.**

Copy to:

[redacted]

Copy to:

[redacted]