

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 12, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001236	Date of Injury:	02/09/2013
Claim Number:	[REDACTED]	Application Received:	09/02/2014
Claims Administrator:	[REDACTED]	Assignment Date:	09/25/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99199 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,

[REDACTED]

Medical Director

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

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 99199 Unlisted and WC007 services charged on 03/08/2014.
- The Claims Administrator denied the service on EOR dated 04/11/2011 stating, "Provide correct CPT codes for all services rendered."
- **99199 Unlisted Special Service**
- **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).
- Provide is the treating Physician who provided supplemental findings to the Injured Worker's Case.
- Authorization, dated 02/26/2014, from Claims Administrator indicates "Review of Records," as an authorized service.
- Authorization, dated 02/26/2014, from Claims Administrator does not indicate service code for "Review of Records."
- **99199** service codes, is not utilized for supplemental reporting by the Primary Treating Physician. Valid OMFS 2014 CPT code, "99358 may also be used where the physician is required to spend 15 or more minutes reviewing records or tests, a job analysis, an evaluation of ergonomic status, work limitations, or work capacity when there is no direct (face-to-face)

