

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 23, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001278	Date of Injury:	05/01/2014
Claim Number:	[REDACTED]	Application Received:	09/05/2014
Claims Administrator:	[REDACTED]	Assignment Date:	09/26/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99203-57		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$78.26 in additional reimbursement for a total of \$328.26. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$328.26 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]

Chief Coding Reviewer

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
- 2014 Official Medical Fee Schedule
- Negotiated contracted rates: [REDACTED]
- National Correct Coding Initiatives
- Other: CPT 2014, CMS 1995 Coding Guidelines

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:** Denied reimbursement for office visit 99203-57 as being bundled into surgery code 25605.
- The Official Medical Fee Schedule, CPT 2014 Edition and CMS 1995 Coding Guidelines were reviewed
- Based upon review of the medical record and per CMS Guidelines, a separate Evaluation and Management is allowable when the decision for surgery is made at the initial visit. This patient was seen on 05/01/2014, the date of the injury, and a closed reduction of the fracture was performed with manipulation at the same encounter. Modifier 57 was appropriately added to the global procedure to indicate this encounter was at the same date of service as the evaluation and management. The documentation does not support the New Patient visit but does support level 99202. The History and Exam are Expanded Problem Focused and the Decision Making is Moderate. This satisfies the requirements of CPT code 99202. Reimbursement to be based on 99202.
- A 10% discount is to be applied per the [REDACTED] contract.

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

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of \$78.26 to be made based on CPT code 99202.

Date of Service: 5/1/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99203-57	\$ 129.39	\$ 0.00	\$ 129.39	N/A	N/A	\$ 78.26	DISPUTED SERVICE: Allow reimbursement of \$78.26 based on CPT code 99202.

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