

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 29, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001396	<b>Date of Injury:</b>	07/16/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	09/23/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	10/29/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99205, 99354, 99355, 73130, 73030 and 73110		

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 \$320.83 in additional reimbursement for a total of \$570.83. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$570.83 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]  
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
- Official Medical Fee Schedule
- Negotiated contracted rates: 5% discount
- National Correct Coding Initiatives
- Other: OMFS Physician 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:** The provider is dissatisfied with the reimbursement of the following billed codes 99205, 99354, 99355, 73130, 73030 and 73110.
- CPT 99205: The Claims Administrator based its reimbursement of CPT 99205 on CPT 99204.
- Based on the medical record supplied the documentation did not meet the required three key components of CPT 99205. The documentation met the following: Comprehensive history; detailed examination; and medical decision making of moderate complexity.
- New patient E&M codes 99201-99205, all three key components must meet or exceed the requirements for a given level of service.
- CPT 99205 description: Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; a comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

- The Claims Administrator’s reimbursement of 99204 was correct; no additional reimbursement is due.
- CPT 99354 & 99355: prolonged service office; Status indicator “A” (Active Code. These codes are paid separately under the physician fee schedule. There will be RVUs for codes with this status).
- Medical record documented 2 hours and 54 minutes of time spent with the patient.
- Reimbursement is warranted for CPT 99354 and 99355 (2units).
- CPT 73130, 73030 and 73110: documentation of global services provided for bilateral x-ray: cervical spine (2views); shoulders (three views) and hand/wrist (two views). Diagnostic radiology services not subject to MPPR. Reimbursement is warranted based on 100% of OMFS Physician Fee Schedule allowance minus a PPO contract.
- EOR 08/14/2014 Reflect CPT 73130, 73030 and 73110 services Paid, no additional reimbursement is warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99205 (reviewed as 99204), 99354, 99355 (2units), 73130, 73030 and 73110.**

Date of Service: 7/1/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
99204	\$237.67	\$181.55	\$56.12	1	N/A	\$181.55	<b>DISPUTED SERVICE:</b> No Additional reimbursement warranted.
99354	\$114.35	\$0.00	\$114.35	1	N/A	\$108.63	<b>DISPUTED SERVICE:</b> Additional reimbursement of \$108.63 warranted.
99355	\$223.36	\$0.00	\$223.36	2	N/A	\$212.20	<b>DISPUTED SERVICE:</b> Additional reimbursement of \$212.20 warranted.
73130	\$56.32	\$44.78	\$56.32	1	N/A	\$44.78	<b>DISPUTED SERVICE:</b> No Additional Reimbursement warranted.
73030	\$52.64	\$50.01	\$52.64	1	N/A	\$50.01	<b>DISPUTED SERVICE:</b> No Additional Reimbursement warranted.
73110	\$64.95	\$50.72	\$64.95	1	N/A	\$50.72	<b>DISPUTED SERVICE:</b> No Additional Reimbursement warranted.



Copy to:

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