

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 29, 2014

████████████████████
████████████████
████████████████████

IBR Case Number:	CB14-0001471	Date of Injury:	09/10/2010
Claim Number:	██████████	Application Received:	09/30/2014
Claims Administrator:	████████████████████		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	99205		

Dear ██████████:

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 Cased Assigned: 10/31/2014

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,

Type Reviewer Name

Chief Coding Reviewer

cc: ██████████
██

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: PPO Fee Schedule
- National Correct Coding Initiatives
- Other: CMS 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:** Provider is dissatisfied with the reimbursement of CPT 99205.
- The supplied medical record indicated the following:
 - injured worker was referred to Provider for an orthopedic consultation for cervical spine
 - Primary treating physician is in same medical group as the consulting physician
 - Primary treating and the consulting physician are same specialty (orthopedic)
- E&M services provided for an established patient.
- The medical record documented an expanded problem focused history; expanded problem focused examination and medical decision making of moderate complexity.
- The evaluation and management services provided did not meet the three required components of CPT 99205: Comprehensive history and exam; and medical decision making of high complexity.
- Based on the documentation submitted, a comparable procedure code or allowance higher than the Claims Administrator's reimbursement of procedure code 99213 could not be determined.
- E&M Level of service documented CPT 99213.
- No additional reimbursement is recommended for the billed CPT 99205.

The table below describes the pertinent claim line information.

