

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 10, 2014

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

IBR Case Number:	CB14-0000741	Date of Injury:	02/28/2012
Claim Number:	██████████	Application Received:	05/14/2014
Claims Administrator:	████████████████████	Assignment Date:	07/31/2014
Provider Name:	██		
Employee Name:	██████████		
Disputed Codes:	99070 and 99070		

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.

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,

██

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: none
- National Correct Coding Initiatives
- Other: Fact Sheet on the Resource Based Relative Value Scale (RBRVS) Fee Schedule Effective January 1, 2014

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:** Denial of CPT codes 99070 for billing pharmaceuticals.
- Effective 1/1/2014, the OMFS physician reimbursement is based the CMS RBRVS relative value units. It is noted in the Fact Sheet on the Resource Based Relative Value Scale (RBRVS) Fee Schedule Effective January 1, 2014 that “the pre-2014 OMFS provided separate allowances for certain reports and supplies. The RBRVS –based fee schedule generally bundles payment for reports and supplies into the payment for E & M and other services. Code 99070 has a status code of ‘B’ indicating that this service is bundled into reimbursement for other services. Although the intent is to still allow for reimbursement of certain pharmaceuticals dispensed by Providers the use of code 99070 is incorrect. For reporting of pharmaceuticals an appropriate HCPCS should be utilized and if a specific HCPCS code is unavailable then code J3490 (Unclassified drug) should be utilized. Therefore reimbursement in the case for code 99070 should be denied as this service was reported with an incorrect service code.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99070 to be denied.

Date of Service: 1/15/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99070	\$ 278.19	\$ 0	\$ 278.19	N/A	N/A	\$ 0.0	DISPUTED SERVICE: Provider did not use correct code to report service.
99070	\$99.42	\$ 0	\$99.42	N/A	N/A	\$ 0.0	DISPUTED SERVICE: Provider did not use correct code to report service.

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