

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 23, 2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000743	Date of Injury:	12/15/2011 (IW1) 9/7/2010 (IW2) 6/5/2009 (IW3)
Claim Number:	[REDACTED] [REDACTED] [REDACTED]	Application Received:	5/15/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED] [REDACTED] [REDACTED]		
Disputed Codes:	99354		

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 \$343.05 in additional reimbursement for a total of \$593.05. A detailed explanation of the decision is provided later in this letter.

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



The Claim Administrator is required to reimburse the Provider a total of \$593.05 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

[Redacted Signature]

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
- Negotiated contracted rates: none provided
- Official Medical Fee Schedule
- Other: none

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:** Claim Administrator denied code 99354.
- Based on review of the medical record documents use of code 99354 is substantiated as face to face contact with injured workers was 57 minutes (IW1), 57 minutes (IW2) and 59 minutes (IW3). CPT Code 99354 should be reimbursed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99354 should be made.

Date of Service: 2/17/2014							
Physician – ADDITIONAL DATES OF SERVICE NOTED IN NOTES BELOW.							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99354	\$ 114.35	\$ 0	\$ 114.35	na	na	\$ 114.35	DISPUTED SERVICE: Service to be reimbursed for each injured worker for a total of \$343.05. Dates of service = 2/17/14 (IW1), 2/27/14 (IW2) and 2/17/14 (IW3). No contract provided therefore OMFS fee allowed.
99214	\$ 125.14	\$ 101.13	\$ 0	na	na	Not in Dispute	Service not in dispute
WC002	\$ 11.91	\$ 11.91	\$ 0	na	na	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]