

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 20, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000847	Date of Injury:	09/25/2013
Claim Number:	[REDACTED]	Application Received:	06/09/2014
Claims Administrator:	[REDACTED]	Assignment Date:	07/23/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99213		

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: 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,

[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
- 2014 Fact Sheet on the Resource Based Relative Value Scale (RBRVS) Fee Schedule
- Negotiated contracted rates: 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:** CPT code 99213 was denied by the Claim Administrator as being part of the global period.
- Based on review of the operative report the decision is upheld.
- Based on the PR-2 for office visit 3/19/14 the disputed E/M Level of 99213 is included in the global package from surgery date 1/9/14. Both surgeries, 25332 and 25337 have 90 day global periods. The Provider billed CPT code 99213 which is still within the global period.
- The global period in the new 2014 Official Medical Fee Schedule (OMFS) concurs with this assessment. Per the Fact Sheet on the RBRVS Fee Schedule effective January 1, 2014: Question 3.5. Surgical global periods:
Under both the pre-2014 OMFS and the RBRVS-based fee schedule, a single global surgical fee covers a package of services including the surgical procedure itself, immediate pre and post-surgical services, and [REDACTED] routinely delivered after the surgery in a fixed period of time. Surgical procedures are assigned a global period length of zero, 10, or 90 days. The global period is indicated for each surgical procedure in the Physician Fee Schedule Relative Value file on the CMS website.

The table below describes the pertinent claim line information:

DETERMINATION OF ISSUE IN DISPUTE: Deny CPT code 99213.

Date of Service: 03/19/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99213	\$ 124.00	\$0.00	\$ 124.00	N/A	N/A	\$ 0.00	DISPUTED SERVICE: Deny service 99213 as within global period.

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