

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

January 8, 2015

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0001519	<b>Date of Injury:</b>	10/14/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	10/09/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	11/10/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	99205		

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]  
[Redacted]

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:
- National Correct Coding Initiatives
- Other: CPT Assistant for Modifier -25

## 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 denial of code 99205. Provider billed codes 99205, WC007, 95886 and 95910. Claims Administrator reimbursed codes 95886 and 95910 and denied 99205.
- Claims Administrator denied code indicating on the Explanation of Review “Per report, no E/M was present that was separate and identifiable from the Nerve Conduction Study”
- Documentation submitted included approved Neurology consult.
- Based on CPT guidelines for coding, modifier -25, Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service: this modifier must be appended with an E/M service when services performed on the same day with other procedures done by the same physician.
- Based on information reviewed, Provider did not bill 99205 appropriately. Therefore, Claims Administrator was correct to deny code 99205 and no reimbursement is warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99205 is not recommended.**

<b>Date of Service: 06/27/2014</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
99205	\$380.00	\$0.00	\$380.00	1	N/A	\$0.00	<b>DISPUTED SERVICE:</b> Reimbursement not recommended.

Copy to:

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