

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 12, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001575	Date of Injury:	07/30/2009
Claim Number:	[REDACTED]	Application Received:	10/20/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/13/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99199		

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]

Medical Director

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

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 seeking remuneration for 99199 Unlisted Services performed on 06/18/2014**
- Claims Administrator denied 99199 services indicating: “The service/supply is not covered according to the state fee schedule guideline.”
- IBR documentation includes dictated report entitled, “Supplemental Medical Legal Report.”
- 99199, Unlisted Service contractual agreement exists for procedures with no unit value.
- Procedure Codes exist for Dictated Reports under the OMFS and Med-Legal OMFS and must be utilized as these codes dictate level of reimbursement.
- Initial Authorization for Med-Legal Services not included in IBR documentation.
- Initial Med-Legal report not included in IBR documentation.
- CPT 99199 is not a valid code for Med-Legal Services.
- OMFS for reports from Consulting Physician specifically requested by the Workers’ Compensation Appeals Board or the Administrative Director = WC007 -32
- Med-Legal OMFS Consultation Reports requested by the QME or AME in the context of a Medical-Legal evaluation = WC007 -30
- Med-Legal OMFS Supplemental Med-Legal Evaluations for reports not previously available to Provider during initial Med-Legal Evaluation = ML106

- Without the Initial Authorization and Initial Report, the appropriate procedure code, and fee schedule, cannot be determined.
- Reimbursement is not indicated warranted for 99199.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99199

Date of Service 06/18/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99199	\$1,900.00	\$0.00	\$1,900.00	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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