

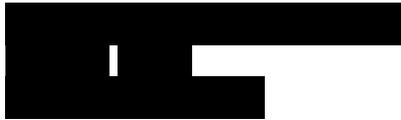
MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 5, 2015



IBR Case Number:	CB15-0000265	Date of Injury:	09/22/2014
Claim Number:	[REDACTED]	Application Received:	02/27/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	4/7/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	12042, 73130, 99213, 99203 and 90471		

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,

Paul Manchester, MD MPH

Medical Director

cc: [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
- National Correct Coding Initiatives
- OMFS Inpatient Services 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: The reimbursement of CPT 12042, 73130, 99213, 99205 and 90471.**
- Additional reimbursement is not recommended based on the findings.
- Provider billed the disputed CPT codes on a UB04, bill type 131 for date of service 9/22/2014.
- Based on the NCCI edits the following code pairs generally cannot be reported together: 90471 and 99205; 90471 and 99213; and 99205 and 9913.
- Modifier Indicator column shows '1' which states if a proper modifier is appended to the correct code and documentation supports the use of the procedure code then the edit may be overridden.
- A qualifying modifier was not appended to the column 2 codes: CPT 99205 or 99213. Reimbursement is not recommended for CPT 99205 or 99213.
- Claims Administrator reimbursed the Provider \$118.57 for CPT 99205; therefore, no additional reimbursement is warranted for CPT 90471.
- UB04 reflects billed code 12042 with billed charges of \$241.00. Claims Administrator reimbursed the Provider \$241.00 for the billed code 12042. No additional reimbursement is recommended, services were reimbursed in full based on billed charges.
- Provider was reimbursed \$41.91 for CPT 73130; no additional reimbursement warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE:

Date of Service: 9/22/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
12042	\$241.00	\$241.00	\$116.57	N/A	\$241.00	DISPUTED SERVICE: See Analysis
99205	\$406.00	\$118.57	\$73.25	N/A	\$0.00	DISPUTED SERVICE: See Analysis
99213	\$188.00	\$0.00	\$58.28	N/A	\$0.00	DISPUTED SERVICE: See Analysis
73130	\$130.00	\$41.91	\$0.35	N/A	\$42.26	DISPUTED SERVICE: No additional reimbursement. Based on review Provider was reimbursed for non-covered services (See 99205)
90471	\$75.00	\$23.15	\$7.13	N/A	\$30.18	DISPUTED SERVICE: No additional reimbursement. Based on review Provider was reimbursed for non-covered services (See 99205)

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